

MONGOLIA

MONITORING THE SITUATION OF CHILDREN AND WOMEN

“CHILD AND DEVELOPMENT 2005”
survey (MICS-3)



MONGOLIA 2007

“CHILD AND DEVELOPMENT 2005” SURVEY (MICS-3)

MICS



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“CHILD AND DEVELOPMENT 2005” survey
(Multiple Indicator Cluster Survey-3)

FINAL REPORT

Ulaanbaatar
2007

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This report is also available in Mongolian. The opinions expressed here are only those of the authors and do not necessarily reflect those of the institutions involved.

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The Mongolia Child and development 2005 survey (Multiple Indicator Cluster Survey -3) was carried by National Statistical Office and financial and technical support was provided by the United Nations Children's Fund (UNICEF).

The survey has been conducted as part of the third round of MICS surveys (MICS3), carried out around the world in more than 50 countries, in 2005-2006, following the first two rounds of MICS surveys that were conducted in 1995 and the year 2000.

Additional information on the global MICS project may be obtained from www.childinfo.org.

Suggested citation: National Statistical Office, UNICEF. 2007. Mongolia "Child and Development 2005" survey (MICS-3), Final Report. Ulaanbaatar, Mongolia

Cover photo: B.Rentsendorj

Published by National Statistical Office
Ulaanbaatar, Mongolia, 2007

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FOREWORD

“Child Development 2005” is the third Multiple Indicator Cluster Survey to have been conducted in Mongolia, by the National Statistical Office with the joint funding support of the Government of Mongolia and UNICEF.

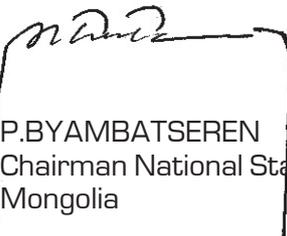
UNICEF has provided technical and methodological recommendations at every stage of the survey process. In particular, the organisation of four training workshops greatly contributed to the success of the survey.

The final report, published in Mongolian and English, is the result of effective data collection and data processing, and it is to be hoped that our goal of making the findings accessible for reference and use by the public has been satisfactorily achieved.

Our deep gratitude goes to members of the inter-sectoral Steering Committee and joint task force, representing the Ministry of Finance, the Ministry of Education, Culture and Science, the Ministry of Health, the Ministry of Social Welfare and Labour, the National Authority for Children, the Nutrition Research Center of the Public Health Institute under the Ministry of Health, the General Police Department and the UNICEF Office in Mongolia, each of whom have contributed valuable inputs and comments in the organization of the survey, the development of questionnaires, as well as to the writing of the report.

The aim of the survey is to review and examine progress made since the previous survey, which was conducted in 2000, and the accomplishments made in the implementation of the Plan of Action, A World Fit for Children and the Millennium Development Goals. The survey provides national data on the situation of Mongolia’s women and children, in comparison to other countries, and updates the relevant data base.

The survey results will serve as the baseline information for state and government policy and programming towards improving the health and life conditions of children and women. In addition, we believe that the survey will provide key sources and reference information for researchers and academics to conduct in-depth analysis and research studies in specific areas.



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ACKNOWLEDGEMENT

The National Statistical Office of Mongolia has successfully carried out a "Child Development Survey" (MICS) for the third time.

The Primary objective of the current survey is to provide quantitative data, and up-to-date information for assessing the situation of children and women, particularly in the area of issues related to their right to education, health and the wellbeing. It is intended to furnish the necessary data for monitoring and evaluating the implementation status of the National Program of Action for the Development and Protection of Children and the Millennium Development Goals, and to contribute to further planning of the next strategies and programmes.

We believe that the Child Development 2005 survey results generate not only key information sources, which will facilitate preparation of the national report of Mongolia on the implementation of the Plan of Action for A World Fit for Children, it will also provide researchers and all users with comprehensive data and information on the current situation of children and women.

The NSO wishes to express its sincere gratitude to the Steering committee, the working group members, all other stakeholders who have provided valuable professional expertise in the successful organization and production of this Multiple Indicator Cluster Survey report, which has been carried out in accordance with international standards, as it has been carried out in over 50 countries of the world.

Due acknowledgement goes to UNICEF, EAPRO and the UNICEF Representative Office in Mongolia for their technical and methodological support, and special thanks goes to Mrs. Gitte Robinson, UNICEF consultant, for her significant contribution and input in the report writing.



G.GERELT-OD
Chair, Steering Committee,
Vice-chairman of the National Statistical Office

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus-Cereus-Guerin (Tuberculosis)
CSPRO	Census and Survey Processing Software
DPT	Diphtheria-Pertussis-Tetanus
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IDD	Iodine Deficiency Disorders
IUD	Intrauterine Device
LAM	Lactation Amenorrhea Method
MDGs	Millennium Development Goals
MESC	Ministry of Education, Science and Culture
MF	Ministry of Finance
MICS	Multiple Indicator Cluster Survey
MICS2	Multiple Indicator Cluster Survey—2 nd Phase
MICS3	Multiple Indicator Cluster Survey—3rd Phase
MOH	Ministry of Health
MSWL	Ministry of Social Welfare and Labour
NAC	National Authority for Children
NAR	Net Attendance Rate
NCHS	National Centre for Health Statistics
NSO	National Statistical Office
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Treatment
PPS	Probability Proportional to Size
PSU	Primary Sampling Unit
RHF	Recommended Home Fluid
RHS	Reproductive Health Survey
SPSS	Statistical Package for Social Sciences
STI	Sexually transmitted infection
UB	Ulaanbaatar
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children’s Fund
WFFC	World Fit For Children
WH	World Health Organization

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SUMMARY TABLE OF FINDINGS

Multiple Indicator Cluster Surveys (MICS) and Millennium Development Goals (MDG) Indicators, Mongolia, 2005

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD MORTALITY					
Child mortality	1	13	Under-five mortality rate	51	per thousand
	2	14	Infant mortality rate	40	per thousand
NUTRITION					
Nutritional status	6	4	Underweight prevalence	6.3	percent
	7		Stunting prevalence	20.9	percent
	8		Wasting prevalence	2.2	percent
Breastfeeding	45		Timely initiation of breastfeeding	77.5	percent
	15		Exclusive breastfeeding rate	57.2	percent
	16		Continued breastfeeding rate at 12-15 months	82.3	percent
			at 20-23 months	64.9	percent
	17		Timely complementary feeding rate	57.4	percent
	18		Frequency of complementary feeding	21.8	percent
Salt iodization	19		Adequately fed infants	40.0	percent
	41		Iodized salt consumption	83.1	percent
Vitamin A	42		Vitamin A supplementation (under-fives)	64.7	percent
	43		(post-partum mothers)	56.2	percent
Low birth weight	9		Low birth weight infants	5.5	percent
	10		Infants weighed at birth	98.3	percent
CHILD HEALTH					
Immunization	25		Tuberculosis immunization coverage	97.6	percent
	26		Polio immunization coverage	93.0	percent
	27		DPT immunization coverage	92.0	percent
	28	15	Measles immunization coverage	76.1	percent
	31		Fully immunized children	67.5	percent
Care of illness	33		Use of oral rehydration therapy (ORT)	62.8	percent
	34		Home management of diarrhoea	20.9	percent
	35		Received ORT or increased fluids, and continued feeding	46.6	percent
	23		Care seeking for suspected pneumonia	62.6	percent
	22		Antibiotic treatment of suspected pneumonia	71.1	percent
	Solid fuel use Source and cost of supplies	24	29	Solid fuels	76.5
96			Source (public)		
			Antibiotics	33.4	percent
		Oral rehydration salts	51.3	percent	

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
	97		Cost		
			Antibiotics		
			Public	1151	tugrug
			Private	1400	tugrug
			Oral rehydration salts		
			Public	251	tugrug
			Private	350	tugrug
<i>ENVIRONMENT</i>					
Water and Sanitation	11	30	Use of improved drinking water sources	71.6	percent
	13		Water treatment	97.9	percent
	12	31	Use of improved sanitation facilities	77.2	percent
	14		Disposal of child's faeces	59.5	percent
<i>REPRODUCTIVE HEALTH</i>					
Contraception and unmet need	21	19c	Contraceptive prevalence	66	percent
	98		Unmet need for family planning	13.7	percent
	99		Demand satisfied for family planning	82.8	percent
	20		Antenatal care	98.9	percent
Maternal health	44		Content of antenatal care		
			Blood test taken	89.1	percent
			Blood pressure measured	98.2	percent
			Urine specimen taken	89.2	percent
			Weight measured	88.1	percent
	4	17	Skilled attendant at delivery	99.2	percent
	5		Institutional deliveries	98.6	percent
<i>CHILD DEVELOPMENT</i>					
Child development	46		Support for learning	55.4	percent
	47		Father's support for learning	43.8	percent
	48		Support for learning: children's books	26.2	percent
	49		Support for learning: non-children's books	53.1	percent
	50		Support for learning: materials for play	6.0	percent
	51		Non-adult care	13.1	percent
<i>EDUCATION</i>					
Education	52		Pre-school attendance	37.3	percent
	53		School readiness	80.5	percent
	54		Net intake rate in primary education	79.7	percent
	55	6	Net primary school attendance rate	95.3	percent
	56		Net secondary school attendance rate	85.4	percent
	57	7	Children reaching grade five	96.4	percent
	58		Transition rate to secondary school	98.4	percent
	59	7b	Primary completion rate	93.6	percent
	61	9	Gender parity index		
			primary school	1.02	ratio
		secondary school	1.07	ratio	
Literacy	60	8	Adult literacy rate (women aged 15-24)	94.5	percent
<i>CHILD PROTECTION</i>					
Birth registration	62		Birth registration	98.3	percent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
Child labour	71		Child labour		
			5-14 years	18.1	percent
	72		5-17 years	22.5	percent
			Labourer students		
			5-14 years	86.8	percent
			5-17 years	82.1	percent
73		Student labourers			
		5-14 years	18.1	percent	
		5-17 years	21.3	percent	
Child discipline	74		Any psychological/physical punishment	79.4	percent
	67		Marriage before age 18	7.7	percent
	68		Young women aged 15-19 currently married/in union	3.3	percent
Early marriage	69		Spousal age difference		
			Women aged 15-19	7.2	percent
			Women aged 20-24	3.3	percent
Domestic violence	100		Attitudes towards domestic violence	56.4	percent
Disability	101		Child disability	16.6	percent
Orphaned children	75		Prevalence of orphans	7.9	percent
	78		Children's living arrangements	3.8	percent
<i>HIV/AIDS, SEXUAL BEHAVIOUR, AND ORPHANED CHILDREN</i>					
HIV/AIDS knowledge and attitudes	82	19b	Comprehensive knowledge about HIV prevention among young people	31.0	percent
	86		Attitude towards people with HIV/AIDS	13.5	percent
	87		Women who know where to be tested for HIV	56.9	percent
	88		Women who have been tested for HIV	14.6	percent
	89		Knowledge of mother- to-child transmission of HIV	48.8	percent
	90		Counselling coverage for the prevention of mother-to-child transmission of HIV	62.1	percent
	91		Testing coverage for the prevention of mother-to-child transmission of HIV	34.9	percent

EXECUTIVE SUMMARY

The Child Development Survey 2005 is a multiple indicator cluster survey, which has been conducted in Mongolia for the third time.

The objective of the third survey is to make detailed estimates of the health, education and wellbeing indicators and the exercise of their rights by the women and children of Mongolia. The results of the survey will be used in the preparation of a report which the Mongolian Government will present on progress of the implementation of the country commitment to the World Fit for Child Declaration. At the same time, the survey aims to assess and evaluate the monitoring indicators for progress in the implementation of the Millennium Development Goals.

The Multiple Indicator Child Development Survey 2005 has produced data which can be compared with the findings of the second survey. Moreover it has enriched the content and definitions used in the second survey and collected new sets of data on child development and child discipline.

Child Mortality

The infant mortality rate has visibly reduced over the last few years since 2000, when the second MICS survey was conducted. Infant mortality per 1000 live births declined by 36 percent, from 64 in 2000 down to 40 in 2005. Similarly, the under five mortality rate per 1000 live births has decreased from 87 to 51, which is a reduction of almost 41 percent.

The child mortality rate is as much as twice as high in rural areas than it is in urban areas.

Child nutrition

- *Malnutrition*

Around 6 percent of children under the age of five in Mongolia are moderately underweight. Almost one in five children (21 percent) is moderately stunted or too short for their age and 6 percent are classified as severely stunted. Only 2 percent are moderately wasted or too thin for their height.

Children in the Western region are more likely to be underweight and stunted than children from other regions.

One in ten children under the age of five is overweight. In particular twenty five percent of children under the age of 6 months is overweight.

- *Breastfeeding*

78 percent of mothers who gave birth within the two years preceding the survey started breastfeeding within one hour of giving birth and 91 percent within one day of giving birth.

57 percent of children aged 0–5 months were exclusively breastfed, which disaggregates to 55 percent in urban areas and 60 percent in rural areas. At the age of 6–9 months, 57 percent of children are receiving breast milk and solid or semi-solid foods. By the age of 12–15 months, 82 percent of children are still being breastfed and by the age 20–23 months, 65 percent are still breastfed. 22 percent of children aged 6–11 months and 40 percent of children aged 0–11 months are being adequately fed.

- *Vitamin A supplement*

65 percent of children aged 6–59 months received a high dose Vitamin A supplement. 56 percent of mothers who gave birth in the two years preceding the survey received a Vitamin A supplement within eight weeks of the birth.

Vitamin A coverage was the highest in Ulaanbaatar and the lowest in the Western region.

- *Low weight birth*

Overall, 98 percent of infants were weighed at birth and approximately 6 percent were estimated to weigh less than 2500 grams at birth.

- *Salt iodization*

In 83 percent of households iodized salt is used. The use of iodized salt was highest in Ulaanbaatar at 97 percent, compared to 58 percent in the Western region, and 74 percent in the Khangai region.

Child health

- *Immunization*

98 percent of children aged 12–23 months had received a BCG vaccination by the age of one.

The first dose of DPT had been given to 93 percent, while the second and third dose had been given to 94 and 92 percent. The first dose of Polio vaccine had been received by 97 percent of children by the age 12 months, a figure which declined to 93 percent for the last dose.

Measles vaccine coverage was 76 percent of children aged 12–23 months, which is the lowest coverage compared to other vaccines. As a result, the percentage of children aged 12–23 months who had received all eight recommended vaccinations was high at 68 percent by the age of 12 months and 82 percent for those who had received vaccinations at any time before the survey.

- *Oral rehydration treatment*

Overall, one in sixteen children (7 percent) of children under five had had diarrhoea in the two weeks preceding the survey. Diarrhoea was more prevalent in children aged 6–23 months. The prevalence was 8 percent in rural areas and 5 percent in urban areas.

About 38 percent had received fluids from ORS packets and 30 percent received recommended homemade fluids. Approximately 63 percent of the children with diarrhoea had received any of the rehydration treatments.

- *Solid fuel use*

The use of solid fuel is very high in Mongolia (77 percent) especially in rural areas (98 percent) where almost all households consume this type of fuel. Similarly, the use of solid fuel was found to be high in urban areas (61 percent). The percentage of usage by types of solid fuel was 33 percent for wood, 23 percent for dung and 20 percent for coal.

- *Safe drinking water and sanitation facilities*

Overall, 72 percent of the population is using an improved source of drinking water – 91 percent in urban areas and 46 percent in rural areas.

The percentage of the population which has access to improved drinking water sources is the highest (95 percent) in Ulaanbaatar, while this percentage stands at 65 percent in the Central region and 54 percent in the Khangai region.

Of the total population, 77 percent had access to improved sanitation facilities. The percentage is 95 percent in urban areas and 53 percent in rural areas.

Child development

In the case of 55 percent of under-five children, an adult was engaging with them in more than four activities that promote learning and school readiness during the 3 days preceding the survey.

12 percent of children aged 0–59 months had been left in the care of other children under 10 years of age, while 3 percent had been left alone, during the week preceding the interview

Education

• *Pre school education*

37 percent of all children aged 36–59 months attend a pre-school education programme. The attendance rate is 25 percent in rural areas compared to 50 percent in urban areas. By region, the attendance rate is highest in Ulaanabaatar at 48 percent, while it decreases to about 32 percent in the Western, Khangai and Central regions.

• *Primary and secondary education*

Overall, 95 percent of children of primary school age are attending school. The percentage of girls attending primary school is 96 percent, while it is 94 percent for boys.

Primary school attendance is lower (92 percent) in the Western region compared to other regions. The rate (93 percent) is lower in the countryside than in Ulaanbaatar, aimag and soum centers.

The findings of the survey reveal that 85 percent of children of secondary school age, were attending secondary school. Secondary school attendance is 91 percent in the Capital city and drops to 74 percent in rural areas.

Gender parity index is 1.02 at primary school and 1.07 at secondary school.

• *Literacy rate*

The literacy rate of women of between the ages of 15–24 years is 95 percent.

Reproductive health

• *Contraception*

66 percent of women currently married or in union reported using contraception. The most popular method is the IUD which is used by 29 percent of women in Mongolia.

14 percent of women are in unmet need for contraception. Unmet need for contraception is also more frequently found among women with a low level of education. In addition, the proportion of women in unmet need for contraception is higher in the Western region (16 percent) than other regions.

- *Antenatal care*

Nearly all the women (99 percent) who had given birth in the two years preceding the survey had received antenatal care from skilled personnel. Medical doctors had provided antenatal care to most of mothers (83 percent) followed by feldshers/midwives at 13 percent.

- *Assistance at delivery*

About 99 percent of births occurring in the two years prior to the survey had been delivered by skilled personnel. Seventy percent of births had been attended by a medical doctor and 29 percent by a feldsher/nurse. About 80 percent of births in Ulaanbaatar had been attended by a medical doctor, while this figure was lowest in the Western region at 58 percent.

In urban areas, births are more likely to be attended by a medical doctor

Child protection

- *Birth registration*

The births of 98 percent of children under five years is registered. Of these, 99.8 percent of children of 12–59 months are registered, while the proportion of infants of 1–2 months who are registered is less than 77 percent.

- *Child labour*

0.6 percent of children aged 15–17 years are engaged in paid work outside the household, 1.0 percent in unpaid work, 9 percent in their own household business and 14 percent in domestic work for more than 28 hours.

- *Child discipline*

79 percent of children aged 2–14 years had been subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members.

15 percent of parents/caretakers responded that they believe that, in order to raise their children properly, they need to physically punish them, while in practice 38 percent indicated that they had physically punished their children.

HIV/AIDS knowledge

Overall, 88 percent of interviewed women had heard of AIDS and 56 percent of these women knew of all three of the main ways of preventing HIV transmission.

The percentage of women who know about two ways of HIV prevention is 66 percent and the percentage of women who reject the three common misconceptions is 38 percent. Overall, the percentage of women who have a comprehensive knowledge of HIV/AIDS transmission is 31 percent.

Overall, 79 percent of interviewed women know about mother to child transmission of HIV. Out of the women interviewed, 57 percent of women know where to be tested, while 15 percent have actually been tested.

62 percent of women had been provided with information on HIV/AIDS prevention during their antenatal care and 37 percent of them had been tested.

I

Background

This report is based on the results of the survey “Child and Development 2005” (Multiple Indicator Cluster Survey) conducted by the National Statistical Office in 2005–2006, with the support and assistance of the Government of Mongolia and UNICEF.

The survey was undertaken in Mongolia in order to monitor progress towards the goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of “A World Fit For Children”, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. UNICEF was assigned a supporting role in this task (see Box.1).

Box 1.

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and the Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

“We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets in this plan of action at national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning.” (A World Fit for Children, paragraph 60)

“...We will conduct periodic reviews at the national and sub national levels of progress in order to more effectively address obstacles and accelerate actions....” (A World Fit for Children, paragraph 61)

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

“... As the world’s lead agency for children, the United Nations Children’s Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action.”

Similarly, the Millennium Declaration (paragraph 31) calls for periodic reporting on progress:

“...We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action.”

This survey has been a joint endeavour of the Government of Mongolia and UNICEF to do in-depth analysis of the situation of Mongolia's children and women in terms of health, education, livelihood status and the realisation of their rights and to assess progress in the implementation of a National Programme for Development and Protection of Children (2002–2010). The survey was undertaken within the framework of the preparation process of the national report which the Government of Mongolia has been selected to present at the UN Special Session in 2007, regarding the country's implementation of the Declaration of the World Fit for Children. The data will inform the preparation of this national report. It will also complement the monitoring of the progress in the implementation of the MDG's.

This report presents the topics and result indicators of the study undertaken.

Survey Objectives

The primary objectives of the Multiple Indicator Cluster Survey, which was executed in 2005–2006 are the following:

- ✦ To update the necessary data for assessing the situation of children and women and the realization of their rights.
- ✦ To furnish the data needed for monitoring progress towards the goals of Millenium Declaration and A World Fit for Children as a basis for the planning of future action;
- ✦ To contribute to the improvement of the data and monitoring systems in Mongolia and strengthen expertise in the design, implementation and analysis of these systems.

II

Sampling design

The sample for the Mongolia Multiple Indicator Cluster Survey (MICS) was designed to provide estimates on a number of indicators on the situation of children and women at the national level, for urban and rural areas, and for the regions. The five regions (Western, Khangai, Central, Eastern and Ulaanbaatar) were taken as the main sampling domains and a two stage sampling design was used. Within each region, households were selected with probability proportional to size.

The administrative record of households and population is updated on an annual basis across the country, so bagh and khoroots were taken as the primary sampling units. Baghs and khoroots with a large population were divided into 2–3 sampling units, in order to keep a similar number of households for all sampling units. Bagh and khoroots (the primary sampling unit) were selected with probability proportional to size and 25 households within each of these selected units were sampled using the systematic sampling method.

A total of 6325 households in 253 primary sampling units were selected to represent 21 aimags and Ulaanbaatar city, and data were collected from all sampled households. The sample was stratified by region and is not self-weighting. Sample weights were used for reporting national level results. A more detailed description of the sampling design can be found in Appendix I.

Questionnaires

In line with the objectives and coverage of the survey, three sets of questionnaires, as proposed by UNICEF, were used in the survey:

1. A household questionnaire, which was used to collect information on housing, living conditions and household members;
2. A questionnaire for individual women aged 15–49 years living in the households;
3. A questionnaire for children under five years of age;

These questionnaires included the following modules:

Household questionnaire	Women's questionnaire (15-49 years)	Under five children questionnaire
Household listing	Women listing	Child listing
Education	Child mortality	Birth registration and early learning
Water and sanitation	Maternal and newborn health	Child development
Household characteristics	Marriage and Union	Vitamin A
Child labour	Contraception	Care of illness
Child discipline	Attitudes towards domestic violence	Immunization
Disability	HIV/AIDS knowledge	Anthropometry
Salt iodization		

¹ Mongolia is divided administratively into 21 aimags (provinces) and the capital city, Ulaanbaatar. Aimags are divided into soums, which are further divided into baghs.

II. SAMPLE AND SURVEY METHODOLOGY

To reflect the country specific characteristics, the “Salt Iodization” module of the Household Questionnaire was enlarged by the question about the vitamin and mineral fortified flour and the “Child Discipline” module was combined with a sub-module on child behaviour. These additions were made, based on the decisions made by the members of the working group and Steering Committee.

The Household Questionnaire was administered to an adult household member who could best represent the other members, the Women Questionnaire to the women themselves and the Under Five Questionnaire to the mothers or caretakers of children under 5 years old. Child weights and heights were measured during the interviews. In the meantime, the salt used for household cooking was on site tested, in order to measure the iodine content. A copy of Mongolia MICS questionnaires is provided in Appendix VI.

In order to check the clarity and logical sequence of the questions, to determine the duration of the interview per household and to test the entry programme, a pretest was conducted in September 2005, covering selected households in Erdene soum of Tuv aimag. Based on the results of the pretest, modifications were made to the wording and the logical sequence of the questions was improved.

Training and data collection

A 10 day training for field staff was conducted at the National Statistics Office in October and November, 2005. Training included lectures on interviewing techniques by instructors specialised in the specific issues dealt with in the survey. At the end of training participants practiced their interviewing skills during a 2 days fieldwork exercise. Once training was completed, trainees were required to sit a test and the trainees who scored the highest in the test were selected as field staff.

The data were collected by 11 teams; each comprising a supervisor, an editor and 5 interviewers. Fieldwork began at the beginning of November 2005 and was concluded by the end of December 2005.

The monitoring procedure was set up by the staff of NSO, UNICEF and members of the MICS Steering Committee. The monitoring team assessed the field work activities, provided instructions and took prompt action in the case of issues raised during the field work.

Data processing

Data were entered on computers using the CSPro software. Data entry began simultaneously with data collection in December 2005 on seven microcomputers and continued for 2 months. In order to ensure quality control, the data were double entered and internal consistency checks were regularly performed.

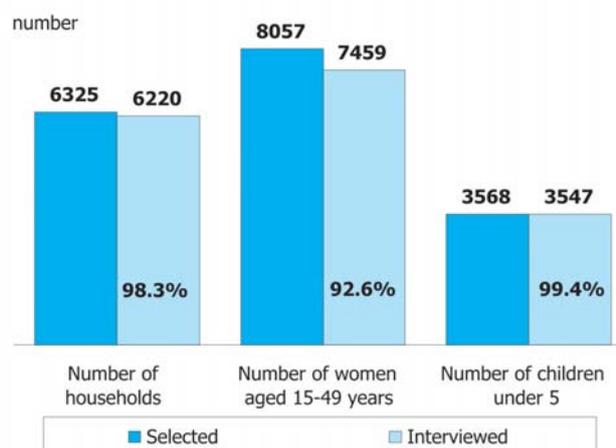
Data were analysed using the SPSS (Statistical Package for Social Sciences) software program, Version 14, and the model syntax and tabulation plans developed by UNICEF for this purpose.

III

Sample coverage

Of the 6325 households selected for the sample, 6220 were successfully interviewed resulting in a household response rate of 98.3 percent. In the interviewed households, 8057 women (age 15–49) were identified. Out of the listed 8057 women, 7459 women were successfully interviewed, yielding a response rate of 92.6 percent. In addition, 3568 children under age five were listed in the household questionnaire. Questionnaires were completed for 3547 of these children, which corresponds to a response rate of 99.4 percent (Figure III.1).

Figure III.1 Number of households, women (15-49 years) and children under 5 interviewed, response rate



It was calculated that overall response rates were 91.0 and 97.8 percent respectively for the women’s and under-5’s interviews. (Table HH.1).

Characteristics of households and respondents

The survey data covers 26713 members of 6220 households. Table HH.3 shows the basic background information on the households. Of the households interviewed within the survey 57.4 percent, or 3570 households, are urban and 42.6 percent, or 2650, are rural. In terms of residence and population density, the largest proportion, or 34.8 percent, of the interviewed households were in Ulaanbaatar while the smallest percentage of households were in the Eastern region at 8.1 percent.

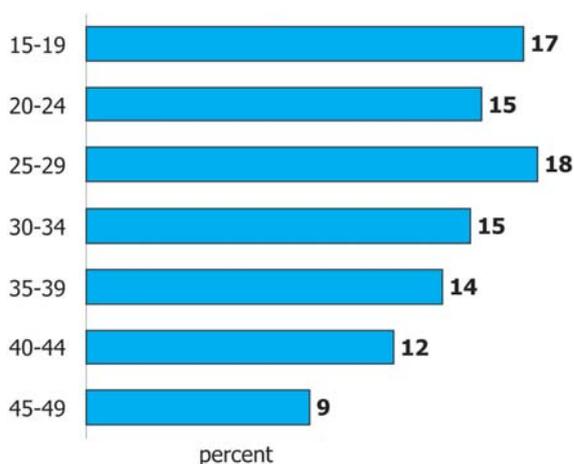
The estimate of household size reveals that 50.2 percent of the total households have 4–5 members. Households with 2–3 members account for 30 percent, while those with 6–7 members and more than 8 members account for 15 percent and 3.5 percent respectively. The percentage households with a single member is 1.2 percent. These figures indicate that the survey estimated the average household size at 4.3 persons. Female headed households amount to 17.6 percent of the total.

Table HH.2 demonstrates the age and sex distribution of the survey population. Of 26713 members of 6220 households, 47.9 percent or 12,790 are male and 52.1 percent or 13,923 are female.

By age group, 34 percent of females are under the age of 15 and 64 percent are between 15–64 years old, while the corresponding percentages for males are 38 percent and 60 percent respectively. As ages increase for both male and female, their proportion in the total population decreases. The percentage of males and females above the years of 65 is between 2.1 – 2.8 percent. Among the total population, 43 percent are under the age of 17 and 57 percent are above the age of 18. The age disaggregation shows a similar age distribution for male and female, while more females are covered between the years of 20–44,

III. SAMPLE COVERAGE, CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Figure III.2. Age distribution of female respondents aged 15-49 years, by age groups, Mongolia 2005



and more males between the years of 0-19. The survey estimates that 88 percent of interviewed households have at least one child under 18 years, 95 percent have one and more than one female member of 15-49 years and 48 percent have one child under five years.

A total of 7459 females between 15-49 years old were interviewed by the survey, of which 17 percent were 15-19 year olds, 16 percent were 20-24 years and 18 percent were between 25-29 years old. As females grow older, their proportion of the total declines with 45-49 year olds accounting for only 9 percent.

More than 60 percent of females of 15-49 years old are either married or in union and 75 percent had given birth to a child.

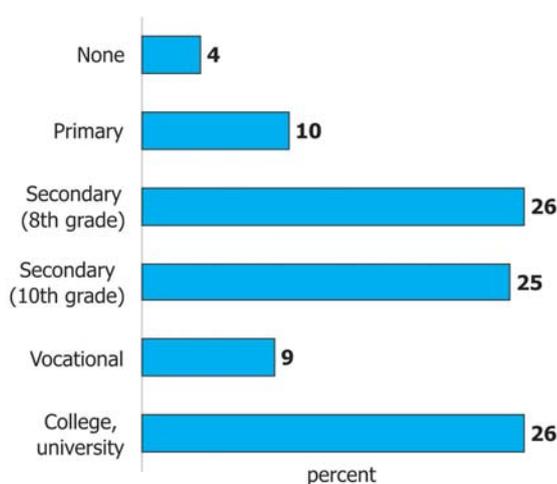
By education level, 4 percent of females have no education, 10 percent are primary level educated, 26 percent have incomplete secondary education, 25 percent have complete secondary education and 9 percent are have vocational education, while 26 percent have graduate and post graduate diplomas. The number of females with complete secondary education has reduced since the second MICS, whereas those with higher education has risen (Figure III.3).

A total number of 3547 children under five years old, were covered by the survey. Table HH.5 presents some background characteristics of children under 5 by sex, region, area of residence, age in months, mother's or caretaker's education and household wealth.

Children under five, who were covered by the survey disaggregate into 52 percent for boys and 48 percent for girls. Of mothers of children under five, 4 percent have no education, 8 percent are primary educated, 25 percent have incomplete secondary education, 29 percent have complete secondary education and 33 percent have graduated from vocational school and higher education schools.

The weighted and unweighted numbers of households (female respondents and of children under age 5) are equal, since sample weights were normalized (See Appendix I).

Figure III.3. Education level of female respondents of 15-49 years, by percent, Mongolia, 2005



III. SAMPLE COVERAGE, CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

Data disaggregation

Survey findings are provided for the national average, regions as well as location, urban and rural, mother's education level and wealth quintile.

Regions: Western, Khangai, Central, Eastern and Ulaanbaatar

Location: Capital city, aimag center, soum center, rural

Urban, rural: Capital city and aimag centers are counted as urban areas and soum centers and rural make up the category of rural areas.

Education level: Mother's education was categorised as non-educated (with no primary education), with primary education, incomplete (8th grade) secondary, complete (10th grade) secondary, vocational education and graduate (post graduate).

Wealth index: Wealth status is another key factor in explaining and analysing findings. Traditionally, wealth status is measured through the income or consumption level of a household. However, this information is time consuming to collect (requires many questions to capture all sources of income for all household members), is prone to misstatement (understatement is common as is lack of precise knowledge of income or expenditure of other household members), provides problems in terms of how to deal with variability in income, how to value home production, and how to capture large but irregular expenditures. Instead a wealth index was used as a measurement of household wealth status for MICS.

The wealth index is more easily measured as it requires fewer and less sensitive questions, and to a large extent makes use of information which has already been collected for other purposes (access to clean water, sanitation, housing type, housing materials, and access to electricity etc).

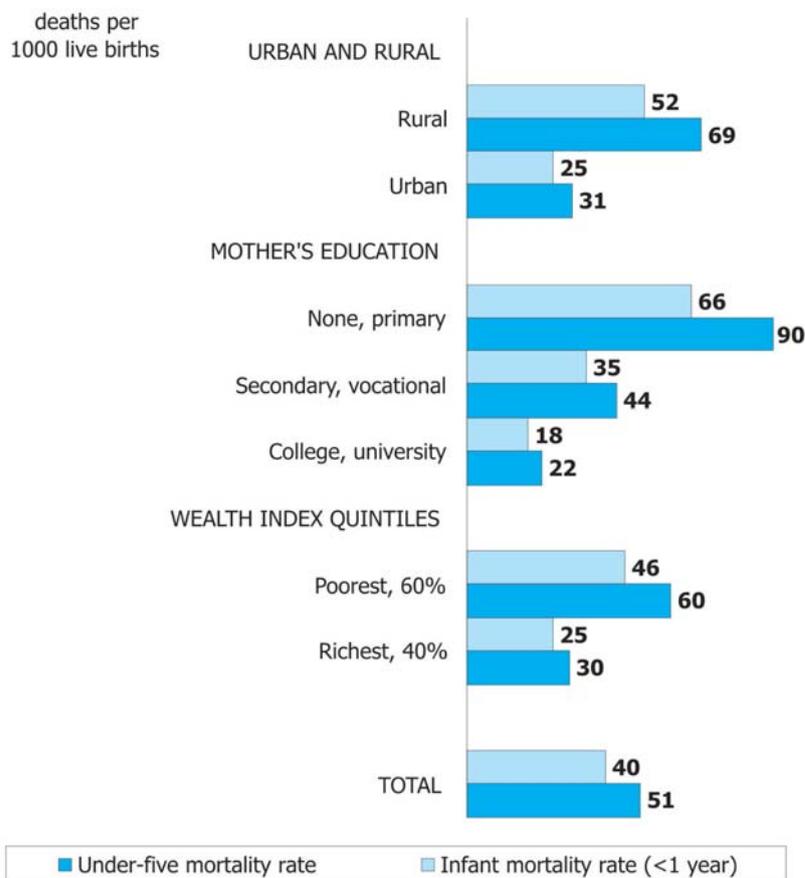
For the Mongolia MICS, the following goods and assets were used for calculating the wealth index: housing type and condition, source of drinking water and type of sanitary facility, availability of electricity, household consumerables (communications and transportation means, household electrical appliances etc). Using the above mentioned information, each sampled households was given scores. Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of the households they were living in. The wealth index is assumed to capture the underlying long-term wealth, through information on the household assets, and is intended to produce a ranking of households by wealth, from the poorest to the richest. All interviewed households were divided into wealth quintiles, according to obtained scores, as the following: poorest (I), second (II), middle (III), fourth (IV) and richest (V).

IV

One of the overarching goals of the Millennium Development Goals (MDGs) and the World Fit for Children (WFFC) is to reduce infant and under-five mortality. Specifically, the MDGs call for the reduction in under-five mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective. Measuring childhood mortality may seem easy, but attempts using direct questions, such as “Has anyone in this household died in the last year?” give inaccurate results. Using direct measures of child mortality from birth histories is time consuming, more expensive, and requires greater attention to training and supervision. Alternatively, indirect methods developed to measure child mortality produce robust estimates that are comparable with the ones obtained from other sources. Indirect methods minimize the pitfalls of memory lapses, inexact or misinterpreted definitions, and poor interviewing technique.

The infant mortality rate is the probability of dying before the first birthday. The under-five mortality rate is the probability of dying before the fifth birthday. In MICS surveys, infant and under five mortality rates are calculated based on an indirect estimation technique

Figure IV.1. Infant and under five mortality rates by background characteristics, Mongolia, 2005



known as the Brass method (United Nations, 1983; 1990a; 1990b). The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five-year age groups of women. The technique converts these data into probabilities of dying, by taking into account both the mortality risks to which children are exposed and their length of exposure to the risk of dying, assuming a particular model age pattern of mortality. Based on previous information on mortality in Mongolia, the West model life table was selected as the most appropriate.

IV. CHILD MORTALITY

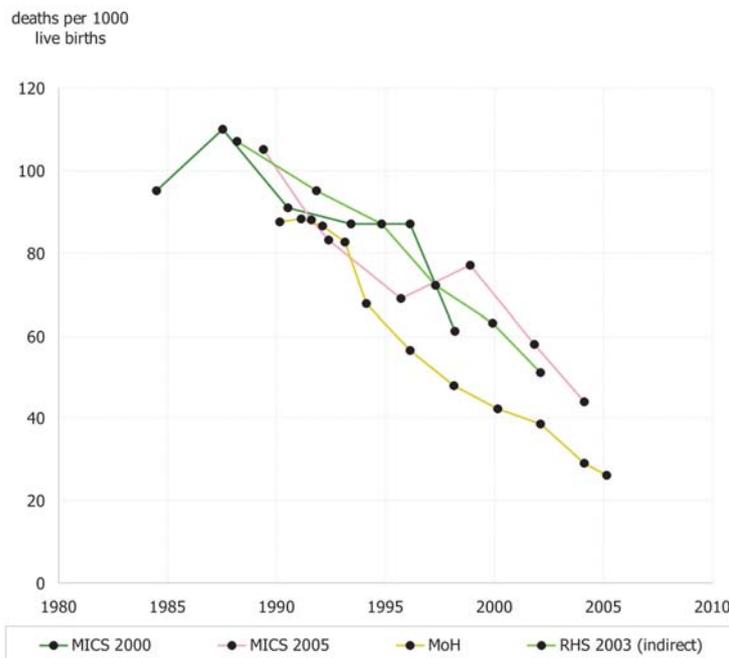
Table CM.1 provides estimates of child mortality by various background characteristics, while Table CM.2 provides the basic data used in the calculation of the mortality rates for the national total. The infant mortality rate is estimated at 40 per thousand, while the probability of dying under-5 mortality rate (U5MR) is 51 per thousand. These estimates have been calculated by averaging mortality estimates obtained from women age 20–29, and refer to the end of 2002. There is some difference between the probabilities of dying among males and females. The mortality risk is higher for male infants and under 5s than their female counterparts by 20–25 percent.

There are also significant differences in mortality in terms of mother's educational levels, wealth, residence and location (Figure IV.1). Both mortality estimates of infants and under-5 children are nearly twice as high in rural areas than in urban areas. With regard to the education level of mothers, infant and under five mortality rates (66 and 90 per 1,000 live births) are the highest for mothers who are not educated or have only primary education whereas for educated mothers, the corresponding rates are 18 and 22 per 1,000 live births.

The probabilities of dying among infants and children under 5 years living in the richest 40 percent of households are considerably lower than the national average and stand at 25 and 30 per 1,000 live births. When the poorest 60 percent is compared to the richest 40 percent, the infant (46 per 1,000 live births) and under-five mortality (60 per 1,000 live births) rates are twice as high.

Figure IV.2 shows the series of U5MR estimates from various surveys and other sources, since the mid-1980s, thus showing the estimated trends in U5MR during the last two decades. The MICS estimates, as well as estimates from other sources, indicate a decline in mortality during the last 20 years. The U5MR estimates from MICS are about 10–20 per thousand higher than the estimates from the health administrative records, while the trend indicated by the survey results are in broad agreement with those estimated in the previous MICS survey as well as with indirect estimates of Reproductive Health Surveys in 1998 and 2003 (Figure IV.2).

Fig IV.2 Under five mortality rates by different sources, Mongolia, 1984-2005



The mortality trend depicted by the health records is also a declining one; however, MICS results are somewhat higher than those indicated by the annual health records. Some possible explanations for the discrepancies in estimates are discussed below.

The mortality trend depicted by the health records is also a declining one; however, MICS results are somewhat higher than those indicated by the annual health records. Some possible explanations for the discrepancies in estimates are discussed below.

1. Comparison with routine data – undercounting and underreporting of neonatal deaths

The Mongolian situation mirrors a common trend in many of the transitional countries, where survey estimates and official mortality rates, based on routine data collection, differ considerably, with survey data being up to four times as high as the official data (Aleshina & Redmond, 2003).

Researchers analysing the reasons of this phenomenon in transition countries, suggest that neonatal deaths are being underreported in routine data for three main reasons related to:

1. The definition of live births
2. Misreporting of pregnancy outcomes by medical staff
3. Under registration by parents of births and infant deaths.

Box 2 Classification of mortality during early childhood

Under-5 mortality (<5 years)			
Infant mortality (<1 year)			Child mortality (1-4 years)
Neonatal mortality (0-28 days)		Post neonatal mortality (29-365 days)	
Early neonatal mortality (0-6 days)	Late neonatal mortality (7 – 28 days)		

The definition of 'live birth' is a crucial determinant of the infant mortality rate, since a poor pregnancy outcome cannot be registered as an infant death if the foetus was not acknowledged as having been born alive in the first place.

This is particularly relevant to Mongolia (and many other transition countries) as the old Soviet protocols, which were in use in Mongolia until 2003, have a narrower definition of live birth than the WHO definition now used almost universally throughout the world.

The Soviet definition differs in two ways: firstly, the only indicator used to establish if infants are born alive is the presence of breathing; no other signs of life are taken into account. If an infant shows other signs of life before dying, it will be counted as a still birth rather than as an early neonatal death.

Since many infant deaths take place shortly after birth, the differences in definition can greatly influence the recorded level of infant mortality. According to the Mongolia Reproductive Health Surveys 1998 and 2003, (which are based on birth histories and thus allow more in-depth analysis of when exactly children die), close to half of all infant mortality deaths in Mongolia (45 of every 100) take place during the first month of life². In the majority of cases (75 percent) these neonatal deaths take place within the first week (early neonatal death) often just within hours or a few days of having been born. In total, almost a third or 32 percent of all under-five deaths in Mongolia occur within the first week of life³.

² NSO, UNFPA, *Reproductive Health survey 2003, Ulaanbaatar 2004*

³ NSO, UNFPA, 2001. *Reproductive Health series, Maternal and Child health and Determinants of infant and child mortality*

IV. CHILD MORTALITY

Another explanation for the undercounting of neonatal deaths is misreporting of deaths, either intentionally to improve the mortality figures or accidental misreporting due to inadequate knowledge. Since a birth under the Soviet definition had to fulfil several criteria regarding gestation, weight and length in order to be considered a live birth, this gave more discretion in making a final assessment. With the pressure on individual medical staff to reduce the number of infants who officially died in their care, to avoid investigation and possible punishment, and the pressure on hospitals and clinics to play their part in meeting the national goals for the health care system, this provided incentives in some transitional countries to classify deaths as still births, rather than as early neonatal deaths, whenever there was doubt. A somewhat similar situation may prevail in Mongolia where aimags and soums are under pressure to perform well in the area of infant, child and maternal mortality figures, which are seen as key performance indicators for the health system.

The third explanation given is undercounting of neonatal deaths related to underreporting by parents of births and deaths. Although birth registration is virtually universal for children over the age of one in Mongolia the same does not apply for younger children. Ninety percent of children under the age of one are registered according to MICS3 findings, a coverage rate which declines the younger the child.

By law the birth of a child must be registered within a month, but in many cases this is not followed in practice,

As the ratio of early neonatal deaths increases, as a proportion of total infant deaths, any undercounting of these neonatal deaths will tend to further bias infant mortality and under-five mortality rates.

2. Comparison with RHS

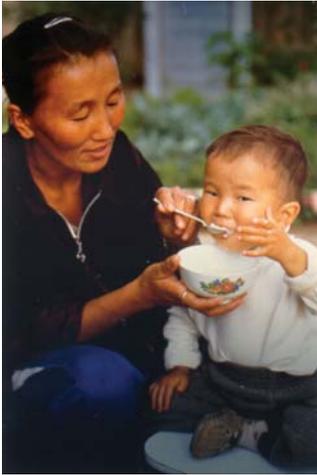
In 2003 the RHS reported an infant mortality rate of 29.5, based on the direct estimation method, and 34 based on the indirect estimation method, in both cases considerably lower than the MICS3 estimation of 40. Since the method of data collection, the calculations of estimations and the assumptions underlying the direct and indirect method of estimation differ, the results are not directly comparable⁴.

In the current MICS, the estimates for infant and under-five mortality have been calculated by averaging mortality estimates obtained from women aged 20–29. However, the age group used in the RHS is 15–19, and this difference explains the discrepancy in the infant mortality levels quoted in the two surveys.

⁴ While direct estimation tends to suffer more from under- and misreporting, the indirect method runs the risk of overestimating mortality somewhat by failing to take into account the effect of rapidly declining fertility.

V

Nutritional Status



Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

Malnutrition is associated with more than half of all child deaths worldwide.

Three-quarters of the children who die from causes related to malnutrition were only mildly or moderately malnourished – showing no outward sign of their vulnerability.

The Millennium Development target is to reduce by half the proportion of people who suffer from hunger between 1990 and 2015. The World Fit for Children goal is to reduce the prevalence of malnutrition among children under five years of age by at least one-third (between 2000 and 2010), with special attention to

children under 2 years of age. A reduction in the prevalence of malnutrition will assist in the goal to reduce child mortality.

In a well-nourished population, there is a reference distribution of height and weight for children under age five. Under-nourishment in a population can be gauged by comparing children to a reference population. The reference population used in this report is the WHO/CDC/NCHS reference, which was recommended for use by UNICEF and the World Health Organization at the time the survey was implemented. Each of the three nutritional status indicators can be expressed in standard deviation units (z -scores) from the median of the reference population.

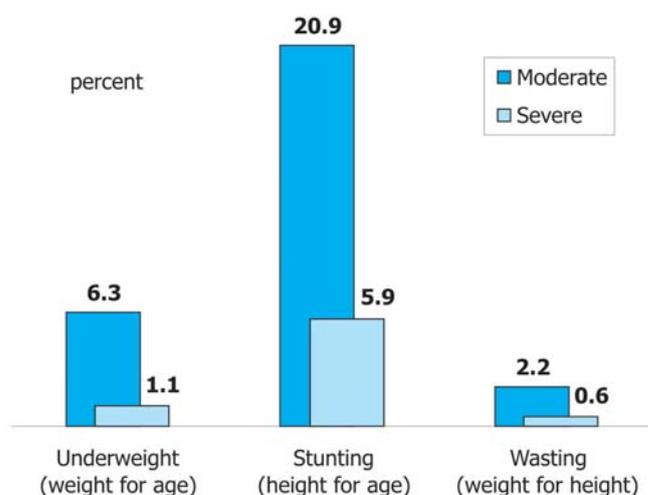
1. **Weight-for-age** is a measure of both acute and chronic malnutrition. Children whose weight-for-age is more than two standard deviations below the median of the reference population are considered moderately or severely underweight while those whose weight-for-age is more than three standard deviations below the median are classified as severely underweight.
2. **Height-for-age** is a measure of linear growth. Children whose height-for-age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as moderately or severely stunted. Those whose height-for-age is more than three standard deviations below the median are classified as severely stunted. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.
3. Finally, children whose **weight-for-height** is more than two standard deviations below the median of the reference population are classified as moderately or severely wasted, while those who fall more than three standard deviations below the median are severely wasted. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

V. NUTRITION

In MICS, weights and heights of all children under 5 years of age were measured using anthropometric equipment recommended by UNICEF. Findings in this section are based on the results of these measurements.

Table NU.1 shows percentages of children classified into each of these categories, based on the anthropometric measurements that were taken during fieldwork. Additionally, the table includes the percentage of children who are overweight, which takes into account those children whose weight for height is above 2 standard deviations from the median of the reference population.

Figure V.1 Prevalence of malnutrition, Mongolia, 2005



In Table NU.1, children who were not weighed and measured and those whose measurements are outside a plausible range are excluded.

Around 6 percent of children under age five in Mongolia are moderately underweight (Table NU.1). Almost one in five children (21 percent) is moderately stunted or too short for their age and 6 percent are classified as severely stunted. Only 2 percent are moderately wasted or too thin for their height.

Children in the Western region are more likely to be underweight and stunted than other children. In contrast, the percentage of children that are wasted is highest in Ulaanbaatar. Boys appear to be slightly more likely to be stunted whereas girls are slightly more likely to be underweight and wasted. Those children whose mothers have vocational or higher education are the least likely to be underweight and stunted compared to children of mothers with lower education.

Children in the Western region are more likely to be underweight and stunted than other children. In contrast, the percentage of children that are wasted is highest in Ulaanbaatar. Boys appear to be slightly more likely to be stunted whereas girls are slightly more likely to be underweight and wasted. Those children whose mothers have vocational or higher education are the least likely to be underweight and stunted compared to children of mothers with lower education.

Figure V.2 Underweight and stunted children aged 0-59 months by age in months, Mongolia, 2005

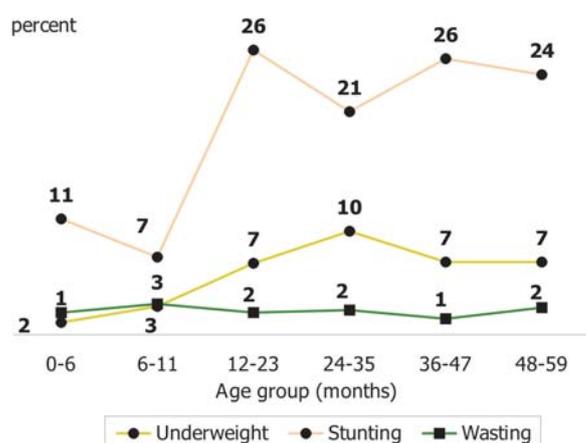


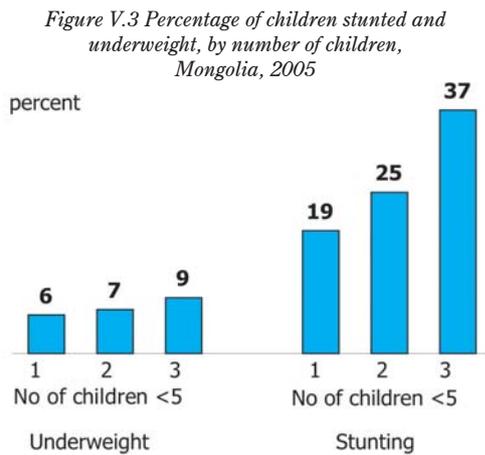
Figure V.2 shows the pattern of under nourishment by age. In general, children under the age of 6 months, who are mainly breastfed are less likely to be found underweight, stunted or wasted compared to children of older age groups. Moderate underweight is more commonly observed among children aged 24–35 months. However, children aged 48–59 months are more likely to be severely underweight. The highest percentage (26 percent) of stunted children is observed among children aged 12–23 months. Severe stunting, on the other hand, is more frequent among those aged 36–47 months (9 percent).

As expected, children of the poorest quintile are more likely to be found

underweight, stunted and wasted. Thus, poor children are twice as likely to be underweight and stunted when compared to the ones in the richest quintile (Table NU.1).

Another important determinant of malnutrition is the number of children in the household.

Figure V.3 shows that the number of children under age five in a household positively correlates with the prevalence of under nourishment. The percentage of underweight (stunted) children living in a household with 3 or more children is higher by 3 (20) percentage points compared to households with one child.



Survey results reveal that one in ten children under age five is overweight. In particular, twenty five percent of children under the age of 6 months is overweight. When children start crawling and walking, the percentage of overweight decreases, and by the time they are aged 4–5 years, the percentage has decreased to five percent.

Fourteen percent of overweight children are from the richest households and 11–13 percent has mothers with professional and higher education.

From the regions, the Eastern region and Ulaanbaatar demonstrate the highest prevalence of overweight (14 and 15 percent respectively), which is relatively higher than the other regions (6–9 percent).

Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Fit for Children goal states that children should be exclusively breastfed for 6 months and continue to be breastfed with safe, appropriate and adequate complementary feeding for up to 2 years of age and beyond.

WHO/UNICEF have the following feeding recommendations:

- ✦ Exclusive breastfeeding for the first six months
- ✦ Continued breastfeeding for two years or more
- ✦ Safe, appropriate and adequate complementary foods beginning at 6 months
- ✦ Frequency of complementary feeding: 2 times per day for 6–8 month olds; 3 times per day for 9–11 month olds

It is also recommended that breastfeeding be initiated within one hour of birth.

The indicators of recommended child feeding practices are as follows:

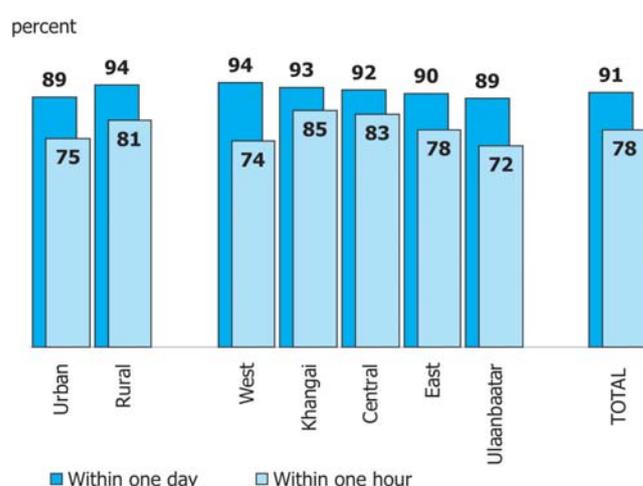
- ✦ Exclusive breastfeeding rate (< 6 months & < 4 months)
- ✦ Timely complementary feeding rate (6–9 months)

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- ✦ Continued breastfeeding rate (12–15 & 20–23 months)
- ✦ Timely initiation of breastfeeding (within 1 hour of birth)
- ✦ Frequency of complementary feeding (6–11 months)
- ✦ Adequately fed infants (0–11 months)

Mongolia is implementing a breastfeeding policy. However, advertisements promoting breast milk substitutes have resulted in an increase in sales as well as consumption of infant formula. Consequently, breastfeeding, particularly exclusive breastfeeding, has been substantially decreasing in recent years.

Figure V.4. Percentage of mothers who started breastfeeding within one hour and within one day of birth, Mongolia, 2005



According to the Second National Nutrition Survey (1999), the percentage of mothers with children aged 6–59 months, who started breastfeeding their infants within 30 minutes of birth was 93.4 percent whereas the results of the Third National Nutrition Survey (2004) show that this indicator has dropped to 83.5 percent.

Figure V.4 indicates the proportion of women who started breastfeeding their infants within one hour of birth, and women who started breastfeeding within one

day of birth. The figure shows that 78 percent of mothers who had birth within two years preceding the survey started breastfeeding within one hour of birth and 91 percent within one day of birth. For rural areas, this indicator is 81 and 94 percent respectively, while for urban areas it is 75 and 89 percent respectively.

By region, the above indicators in Ulaanbaatar city are 72 and 89 percent, while in the Western region they are 74 and 94 percent, slightly lower than Khangai (75 and 93 percent), Central (83 and 92 percent) and Eastern regions (75 and 93 percent).

The policy of the Government of Mongolia has supported exclusive breastfeeding for 4 months since 1992 and for 6 months since 2000. Survey findings reveal that 57 percent of children aged 0–5 months were exclusively breastfed, which disaggregates by location as 55 percent in urban areas, and 60 percent in rural areas.

In Table NU.3, the breastfeeding status is based on reports from mothers/caretakers of their children's consumption of food and fluids in the 24 hours prior to the interview. Exclusively breastfed refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life (separately for 0–3 months and 0–5 months), as well as complementary feeding of children 6–9 months and continued breastfeeding of children at 12–15 and 20–23 months of age.

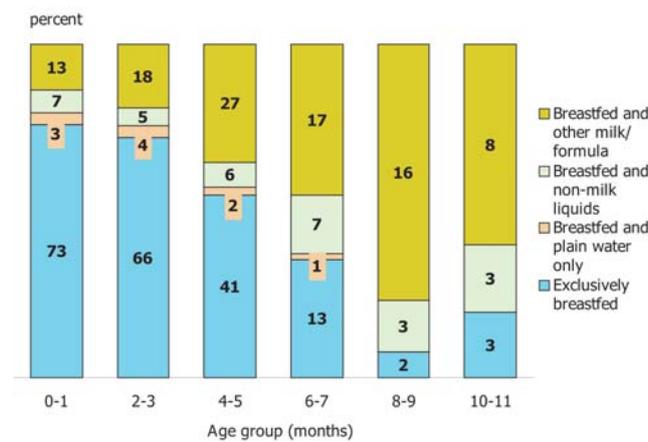
At the age of 6–9 months, 57 percent of children are receiving breast milk and solid or semi-solid foods. By the age of 12–15 months, 82 percent of children are still being breastfed and 20–23 months, 65 percent are still breastfed.

The prevalence of exclusive breastfeeding up until 6 months old is higher for those infants whose mothers are uneducated and mothers with primary education (64 and 73 percent

respectively) compared to infants with mothers who have vocational and higher education (53 and 51 percent)

Figure V.5 shows the detailed pattern of breastfeeding of children under the age of one. As this figure demonstrates, 3 percent of infants aged 0–1 months received breast milk and water, and 7 percent breast milk with other liquids. This exposes inadequate knowledge of mothers and caretakers on how to feed infants. This feeding pattern increases with the child’s age, as for 2–3 and 4–5 months.

Figure V.5 Percent distribution of children under the age of one, by feeding pattern by age group, Mongolia, 2005



In addition, the number of observations in many of the categories of background characteristics is small. Nonetheless, it can be seen from the Table NU.3 that breastfeeding, both exclusive and continued, is practiced more in rural areas.

The adequacy of infant feeding in children under 12 months is demonstrated in Table NU.4. Different criteria of adequate feeding are used, depending on the age of the child. For infants aged 0–5 months, adequate feeding is considered to be exclusive breastfeeding. Infants aged 6–8 months are considered to be adequately fed if they are receiving breast milk and complementary food at least two times per day, while infants aged 9–11 months are

considered to be adequately fed if they are receiving breast milk and eating complementary food at least three times a day.

The proportion of adequately fed infants of 0–5 months old was 57 percent. 31 percent of infants of 6–8 months old have been reported as receiving breast milk and complementary food at least two times per day and only 12 percent (one out of eight) infants aged 9–11 months received breast milk and ate complementary food at least three times per day.

As a result of these feeding patterns, 22 percent of children aged 6–11 months and 40 percent of children aged 0–11 months are being adequately fed.

Salt Iodization

Iodine Deficiency Disorder (IDD) is the world’s leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The international goal is to achieve sustainable elimination of iodine deficiency by 2005. The indicator is the percentage of households consuming adequately iodized salt (>15 parts per million).

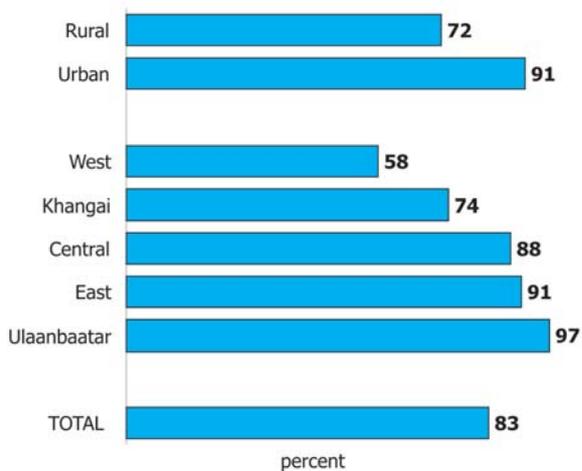
In Mongolia, iodized salt was introduced in 1995. The Government of Mongolia adopted the National Programme on Elimination of Iodine Deficiency Disorder in 1996, which was revised in July 2002 and renamed as the National Programme on Iodine Deficiency Disorders Prevention. In 2003, the Law on Salt Iodization and Prevention of Iodine Deficiency was adopted. Furthermore, the Joint Decree of the State Agency of Professional Inspection, the

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Ministry of Health, the Ministry of Food and Agriculture on the Guidelines on Quality Control on the Fortified Food Products, the Technical Requirements for testing iodine content in iodised salt and the Methodology for Salt Iodization were issued in June 2005 and standardized.

Salt used for cooking in the surveyed households was tested, using salt test kits. A sample of salt used for cooking in each household was put aside and drops of testing soluble were added. The iodine content was identified by adding the drops of soluble to the salt and determining whether the colour of the salt becomes tinted with blue. WHO has recommended that the iodine content in salt used for cooking should be not less than 15 parts per million (ppm).

Figure V.6. Proportion of households using iodized salt by regions, rural and urban areas, Mongolia, 2005



Salt was tested in 98 percent of surveyed households. As can be seen in Figure V.6, 83 percent of the households use iodized salt. However the use of iodized salt in households varies by regions, location and wealth status, as can be seen Table NU.5. By region, the use of iodized salt was lowest in the Western region (58 percent) and highest in Ulaanbaatar (97 percent).

The lowest use of iodized salt in the Western region can be explained by the fact that there are abundant natural salt deposits in the region. Research conducted by the Nutrition Research Center, explored the large discrepancies between regions and attributed them mainly to differences in the supply of iodized salt in the regions,

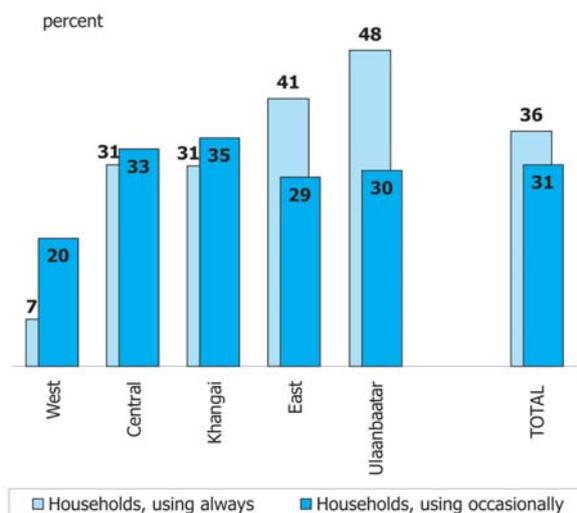
variations of market prices, geographic features, as well as the consumption behaviour patterns of the population and many other factors.

Consumption of flour fortified with vitamins and minerals

The consumption of food fortified with iron is an effective and cost efficient way of preventing iron deficiency anaemia, which is commonly found among young children and women. In 2000, within the framework of the project "Improvement of mother and child nutrition JFPR 9005" and the continuation of this project "Improving public health through better food JFPR 9005" financed by Japan Fund for Poverty Reduction and grants from the Asian Development Bank, new technology (micro feeders) designed to fortify flour with minerals and vitamins was introduced into selected flour mills in Mongolia.

In addition, to promote the consumption of fortified food, advocacy and awareness raising campaigns among the population have been conducted with

Figure V.7. Proportion of households using fortified flour, by regions, Mongolia, 2005



the participation of both government and non-government organizations.

In the respondent's answers to the household questionnaire, it was revealed that 55 had heard about fortified flour and of these, 36 percent of total households use it regularly and 31 percent occasionally (Table NU.5A).

Awareness of fortified flour is higher in urban areas (59 percent) compared to rural areas (48 percent). 42 percent of urban households use fortified flour regularly (26 percent occasionally) while 30 percent of rural households use it regularly (26 percent occasionally).

As seen in Figure V.7, 27 percent of households in the Western region, 66 percent of those in the Khangai region, 64 percent in the Central region, 70 percent in the Eastern region and 78 percent in Ulaanbaatar use fortified flour. The data shows that the use of fortified flour is highest in Ulaanbaatar as opposed to the Western region, where it is lowest.

Vitamin A Supplements

Vitamin A is essential for eye health and the proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where vitamin A is largely consumed in the form of fruits and vegetables, the daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased need for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, vitamin A deficiency is quite prevalent in the developing world and particularly in countries with the highest burden of under-five deaths.

The 1990 World Summit for Children set the goal of the virtual elimination of vitamin A deficiency and its consequences, including blindness, by the year 2000. This goal was also endorsed at the Policy Conference on Ending Hidden Hunger in 1991, the 1992 International Conference on Nutrition, and the UN General Assembly's Special Session on Children in 2002.

The critical role of vitamin A for child health and the immune function also makes control of deficiency a primary component of child survival efforts, and therefore critical to the achievement of the fourth Millennium Development Goal: a two-thirds reduction in under-five mortality by the year 2015.

For countries with vitamin A deficiency problems, current international recommendations call for a high-dose vitamin A supplementation every four to six months, targeted to all children between the ages of six to 59 months living in affected areas. Providing young children with two high-dose vitamin A capsules a year is a safe, cost-effective, efficient strategy for eliminating vitamin A deficiency and improving child survival. Giving vitamin A to new mothers who are breastfeeding helps protect their children during the first months of life and helps to replenish the mother's stores of vitamin A, which are depleted during pregnancy and lactation. For countries with vitamin A supplementation programs, the definition of the indicator is the percentage of children 6–59 months of age receiving at least one high dose vitamin A supplement in the last six months.

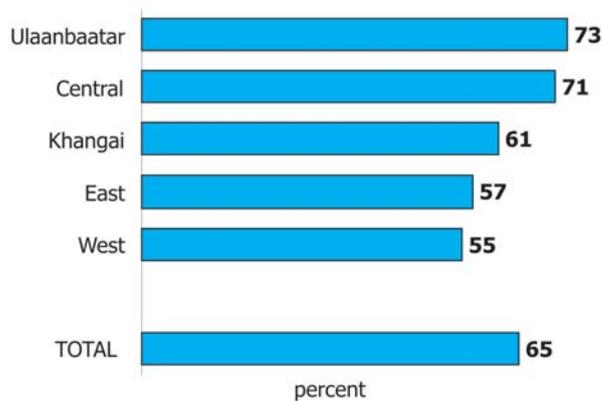
The Government of Mongolia approved the "Mother and child micronutrient deficiency prevention strategy" in 2005. In Mongolia, since 1998, based on WHO guidelines and with financial and technical assistance of UNICEF, high dose Vitamin A capsules have been given to children aged 6–59 months and to mothers after having a birth within 8 months.

Within the six months prior to the MICS, 65 percent of children aged 6–59 months received a high dose Vitamin A supplement (Table NU.6). Approximately 17 percent did not receive the supplement in the last 6 months but did receive one prior to that time. Only

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four percent of children received Vitamin A supplement at some time in the past but their mother/caretaker was unable to specify when.

Figure V.8 Percentage of children received Vitamin A supplement in last 6 months, by regions, Mongolia, 2005



The percentage receiving vitamin A is highest among children of 12–23 months and this percentage decreases with the age of the child.

The percentage of children who received vitamin A is higher by 17 percentage points among children aged 12–23 months compared with those of 48–59 months and higher by 9 percentage points compared to those of 6–11 months.

By region, the percentage receiving Vitamin A supplement is lower in the Western and Eastern regions (55 and 57 percent respectively) than in other regions (61–73 percent). (Figure V.8)

More than half (56 percent) of mothers who gave birth in the two years preceding the survey received a Vitamin A supplement within eight weeks of the birth. Differences between regions are relatively modest and vary between 50–60 percent.

Low Birth Weight

Weight at birth is a good indicator, not only of a mother's health and nutritional status but also of the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, short stature (due mostly to under nutrition and infections during her childhood), and poor nutrition during the pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

The percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e., very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth.

Overall, 98 percent of births were weighed immediately after birth. Among the regions, the lowest percentage of births that were weighed was in the Western region, where the percentage was 93 percent.

Overall, the proportion of infants with a low birth rate among all infants who have been weighed at birth stands at 5.5 percent. The percentage of low weight infants is slightly lower in Western region compared with other regions.

VI

Immunization



The Millennium Development Goal (MDG) 4 is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. Immunizations have saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide there are still 27 million children overlooked by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

One of the World Fit for Children goals is to ensure full immunization of children under one year of age, with a figure of 90 percent nationally, representing at least 80 percent coverage in every district or equivalent administrative unit.

According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 11 months and 29 days. Within the Survey, the mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the questionnaire.

The vaccination records of 80.5 percent of children under the age of 5 years within the surveyed households were copied from the child health card and in the case of children where it was not possible to look at the health card, the mother was asked to recall whether or not the child had received each of the vaccinations and how many times.

The percentage of children aged 12 to 23 months who received each of the vaccinations is shown in Table CH.1. The denominator for the table is comprised of children aged 12–23 months, so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey, according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday are included. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

In Mongolia, the vaccination coverage rate is relatively high for all types of vaccines. This also has slightly increased over the past 5 years (Figure VI.1). When the present figures are compared to the previous survey, the percentage of vaccination records obtained from the child health card decreased slightly and information obtained from mothers/care takers verbal reports increased.

The child health card normally has to be kept by the household. However to prevent loss of the health card, it is common for the health card to be kept by the family practitioner. For this reason, it was not possible to record information from the health cards of all of the surveyed children, and the survey team has done their best to obtain vaccination records

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from the health cards, by visiting the family practitioners.

The highest coverage rate is 98 percent for BCG vaccine, which has to be vaccinated within 24 hours after birth. Vaccination rates decline slightly for antigens which are due at later ages.

The dropout rate between DPT1 and DPT3 vaccinations is low – dropping from 94 percent to 93 percent. A dropout rate occurs for Polio1 to Polio3 – dropping from 98 percent to 94 percent. Although Polio and DPT immunizations are given at the same time (2 months, 3 months, and 4 months of age) Polio immunization remains higher than DPT for all three doses.

For all of the antigens discussed above (BCG, DPT1–3, and Polio1–3) there is very little difference between the proportion of children who received these vaccinations before the age of one and those receiving them any time before the survey. This is not surprising as BCG, DPT1–3 and Polio1–3 are all supposed to be completed by the time the child is 4 months old, and it would be unlikely to have many children delaying these vaccines beyond the age of one.

The coverage for measles vaccine is relatively lower than for the other vaccines.

According to the immunization schedule, a child should be given the Measles vaccine at 8–11 months. However, according to the findings of the survey, only 76 percent of children aged 12–23 months had had their measles vaccination before the age of one as recommended, while 88 percent of children had been vaccinated at any time before the survey. Some of these children have had vaccination delayed, which is likely to have been due to the shortage in the supply of Measles vaccines which occurred in Mongolia during the period between August – November 2005.

Figure VI.2: Children aged 12-23 months immunized by first birthday and at any age before the survey, Mongolia, 2005

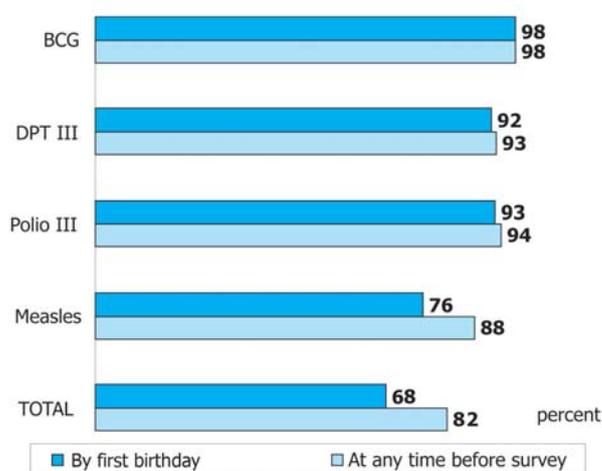
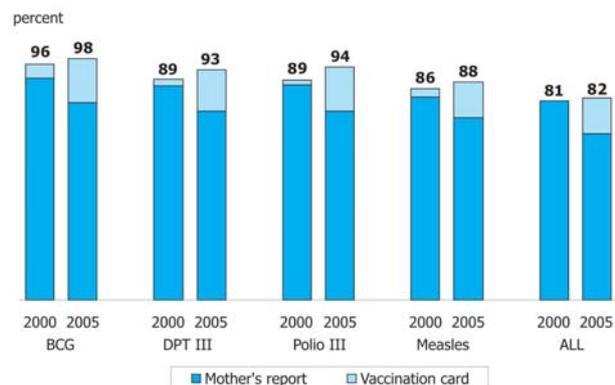


Figure VI.1 Children of 12-23 months vaccinated at any time before the survey, Mongolia, 2000, 2005



The proportion of children who had received all recommended vaccinations by their first birthday is 68 percent.

The tendency to delay measles immunization brings down this figure for fully AND timely immunization. If we include children who have received all eight antigens, but have completed this immunization schedule after the age of one, the figure rises to 82 percent of children aged 12–23 months, who have been immunized with all eight antigens.

There are no significant differences by background variables. Disaggregated by region, full

vaccination coverage rate is highest in the Central region (90 percent), and lowest in the Eastern region (70 percent).

Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) – can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhoea.

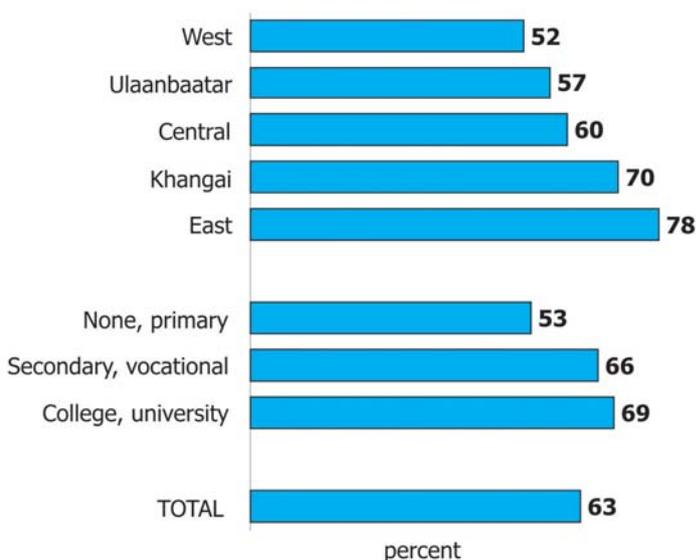
The goals are : 1) By 2010, compared to 2000, to reduce, by one half, deaths due to diarrhoea among children under five. (A World Fit for Children); and 2) By 2015 compared to 1990, to reduce by two thirds the mortality rate among children under five (Millennium Development Goals). In addition, A World Fit for Children calls for a 25 percent reduction in the incidence of diarrhoea.

The indicators are:

- ✦ Prevalence of diarrhoea
- ✦ Oral rehydration therapy (ORT)
- ✦ Home management of diarrhoea
- ✦ (ORT or increased fluids) AND continued feeding

In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhoea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank.

Figure VI.3. Percentage of children aged 0-59 months with diarrhea who received oral rehydration treatment, Mongolia, 2005



Overall, 7 percent of children under five had diarrhoea in the two weeks preceding the survey (Table CH.3). The peak of diarrhoea prevalence occurs in the weaning period, among children age 6–23 months, of which 11 percent of children were aged 6–11 months, and 10 percent of children were 12–23 months.

In Ulaanbaatar 4.2 percent of children had diarrhoea which is lower than other regions, while the prevalence of diarrhoea is high in the Khangai (8.7 percent), Western (7.4 percent) and Eastern (7.2 percent) regions. The prevalence of diarrhoea is 8 percent in rural areas and 5 percent in urban areas. The

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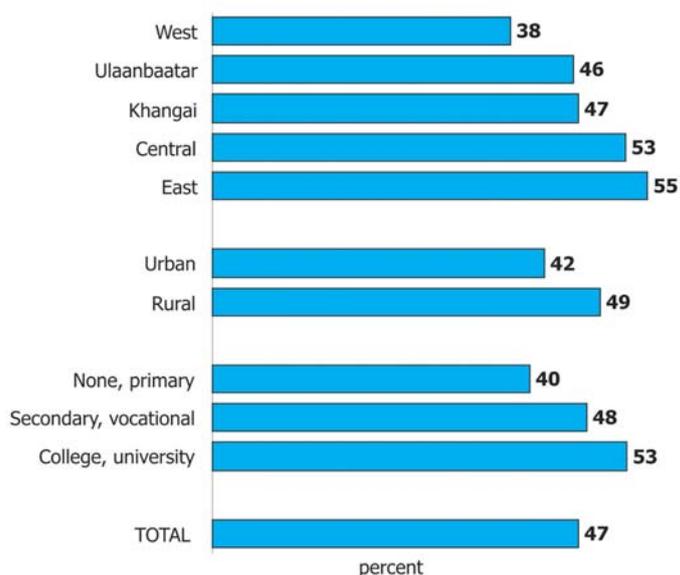
poorest households are more likely to have children with diarrhoea (8 percent), while the prevalence is 5 percent for children from the richest households.

Table CH.3 also shows the percentage of children receiving various types of recommended liquids during an episode of diarrhoea. About 38 percent received fluids from ORS packets and 30 percent received recommended homemade fluids. Approximately 63 percent of children with diarrhoea received one or more of the recommended home treatments (i.e., were treated with ORS or RHF), while 37 percent received no treatment.

Mongolia follows the WHO recommendation of increased fluids and continued feeding during diarrhoea.

About one third (33 percent) of children under 5 with diarrhoea drank more than usual, while 65 percent drank the same or less (Table CH.4). Seventy two percent ate somewhat less, the same or more than usual (continued feeding), but twenty eight percent ate much less or ate almost nothing.

Figure VI.4. Percentage of children aged 0-59 months with diarrhea who received ORT or increased fluids and continued feeding, Mongolia, 2005



38 percent of children received the above treatment, while in the Central and Eastern regions every second child received it.

According to these figures, only 21 percent children received increased fluids and at the same time continued feeding. When the information in Table CH.4 is combined with the data in Table CH.3 on oral rehydration therapy, it can be observed that 47 percent of children either received ORT or their fluid intake was increased, and at the same time, received continued feeding, as recommended (Figure VI.4).

There are slight differences in the home management of diarrhoea by urban or rural, by region and by mother's education. In rural areas, 49 percent of children received ORT or increased fluids and continued feeding, while the figure is 42 percent in urban areas. By regions, in the Western region

Care Seeking and Antibiotic Treatment of Pneumonia

Pneumonia is the leading cause of death in children and the use of antibiotics for under-5s with suspected pneumonia is a key intervention. One of the goals of A World Fit for Children is to reduce by one-third the deaths due to acute respiratory infections.

Children with suspected pneumonia are those who have an illness with a cough accompanied by rapid or difficult breathing and whose symptoms are NOT due to a problem in the chest and a blocked nose. The indicators are:

- ✦ Prevalence of suspected pneumonia
- ✦ Care seeking for suspected pneumonia
- ✦ Antibiotic treatment for suspected pneumonia
- ✦ Knowledge of the danger signs of pneumonia

Table CH.5 presents the prevalence of suspected pneumonia and, if care was sought outside the home, the site of the care.

About 9 percent of children aged 0–59 months were reported to have had symptoms of pneumonia during the two weeks preceding the survey.

By regions, the proportion was relatively high in the Khangai region at 12 percent, and 7–8 percent in other regions. By mother's education level, more children whose mother was uneducated or with primary education and children from poor households, had symptoms of pneumonia.

Of the children who had suspected pneumonia, 63 percent were taken to an appropriate provider, of which 28 percent were taken to the family doctor, 27 percent to a soum/bagh health worker, and 5 percent to a Government health centre.

Table CH.6 presents the use of antibiotics for the treatment of suspected pneumonia in under-5s by sex, age, region, location, and socioeconomic factors.

In Mongolia, 71 percent of under-5 children with suspected pneumonia had received an antibiotic during the two weeks prior to the survey.

Four in every five children in the Western region and three in every five children in the Khangai region had been given antibiotics. Despite these small differences by region, the number of children who had suspected pneumonia was relatively small in the Western, Eastern and Khangai regions.

The use of antibiotics is almost the same by urban and rural areas and household location (capital city, aimag center and soum center as well as the countryside).

Issues related to knowledge of the danger signs of pneumonia are presented in Table CH.6A. Obviously, the mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. In MICS, mothers/care takers were asked what types of symptoms would cause them to take a child to a health facility.

The most commonly identified reason for taking a child to a health facility was the child developing a fever (85.6 percent). Another symptom was the child becoming sick (36 percent). Twenty one percent of mothers identified fast breathing and 23 percent of mothers identified difficult breathing as symptoms for taking children immediately to a health care provider.

Overall, 8 percent of women knew of the two danger signs of pneumonia – fast and difficult breathing.

There was no correlation between the knowledge of recognizing the two danger signs of pneumonia and the level of education of the mother.

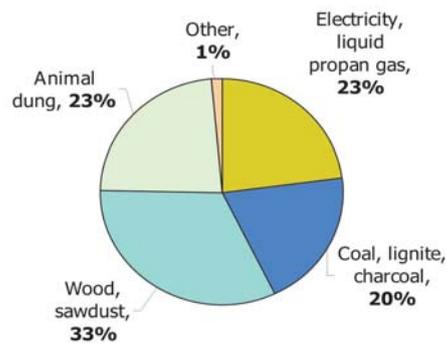
Between 10 and 12 percent of the mothers/care takers in the Western and Central region were able to recognize the two danger signs of pneumonia while this proportion was 4 and 7 percent in the Khangai and Eastern region and 8 percent in Ulaanbaatar. These figures show there is a small difference in the mothers' knowledge by regions. However, no differentiation was observed between rural and urban areas.

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SOLID FUEL USE

Cooking with solid fuels (biomass and coal) leads to high levels of indoor pollution and is a major cause of ill-health in the world, particularly among children under five, in the form of acute respiratory illness.

Figure VI.5: Type of fuel used for cooking, Mongolia, 2005



The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

More than three fourths of the total households in Mongolia (76.5 percent) use solid fuel for cooking.

Table CH.7 presents the use of solid fuel by household location, wealth status and other background variables. Households in rural areas predominantly use solid fuel (98 percent) compared with 61 percent of households in urban areas.

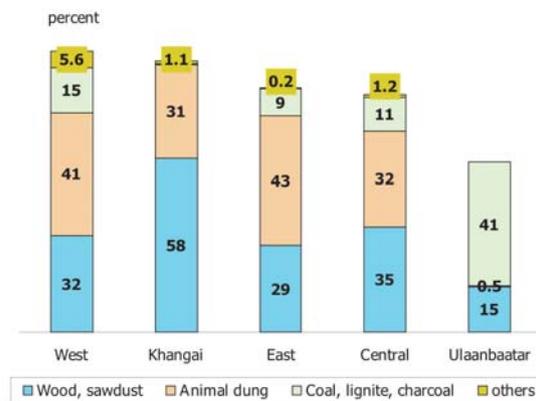
The use of solid fuel notably varies by regions. The highest use of solid fuel is in the Western and Khangai regions, where 8 out of 10 households cook their food using solid fuel. Since one third of

households in Ulaanbaatar live in residential blocks and houses, the use of solid fuel is very low.

When the use of solid fuel types is disaggregated according to different types, wood is the most commonly used and accounts for 33 percent of fuel, while in the Khangai region the figure for wood fuel is as high as 58 percent. The next most commonly used is animal dungs at 23 percent, while 42–43 percent of the total fuel sources is animal dung in the Western and Eastern regions.

Coal accounts for 20 percent of the total sources of solid fuel, and is used predominantly in Ulaanbaatar, where 41 percent of households in the ger distri use coal for fuel.

Figure VI.6. Percentage of households used solid fuels for cooking, by regions, Mongolia, 2005



VII

Water



Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances.

The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goal calls for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one-third.

The list of indicators used in MICS is as follows:

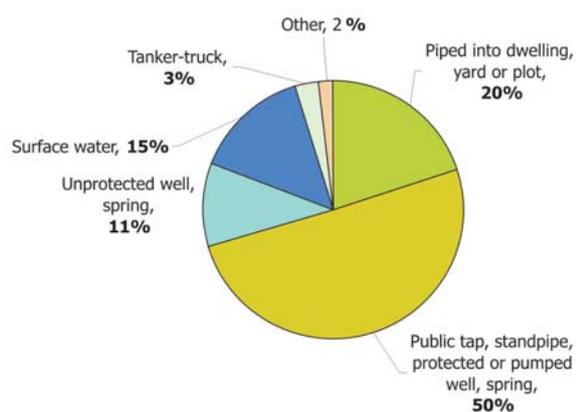
Water

- ✦ Use of improved drinking water sources
- ✦ Use of adequate water treatment method
- ✦ Time to source of drinking water
- ✦ Person collecting drinking water

Sanitation

- ✦ Use of improved sanitation facilities
- ✦ Sanitary disposal of child's faeces

Figure VII.1. Percentage distribution of household members by source of drinking water, Mongolia, 2005



The distribution of the population by source of drinking water is shown in Table EN.1 and Figure VII.1. The population using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, yard or plot), public tap/standpipe, tubewell/, pumped well, protected well, protected spring, rain and snow water collection.

Overall, 72 percent of the population is using an improved source of drinking water – 91 percent in urban areas and 46 percent in rural areas. Public tap, standpipe, protected or pumped well are the most

VII. WATER AND SANITATION

popular sources of water and used by 50 percent of the total population.

The source of drinking water for the population varies strongly by regions and location (Table EN.1). The situation in the West and Khangai regions are considerably worse than in other regions and only 50 percent of the population has access to improved drinking water sources.

The proportion of the population using surface water (unimproved water source) is highest in the Western region (36 percent) followed by the Khangai region where the figure stands at 27 percent. In contrast, the proportion of the population in the East and Central regions using surface water is respectively 14 and 6 percent, which is the lowest in comparison to other regions.

The use of in-house water treatment is presented in Table EN.2. Households were asked to describe ways they may be treating water at home to make it safer to drink – boiling, adding bleach or chlorine and using a water filter were considered as proper treatment of drinking water. The table shows the percentages of household members using appropriate water treatment methods, separately for all households, and for households using both improved and unimproved drinking water sources. It can be observed from the table that regardless of whether the water source is improved or not, almost all the households treat water to make it safer and the most popular method for this is boiling. In addition, variations in treating the water by background characteristics are negligible.

The amount of time it takes to obtain water is presented in Table EN.3 and the person who usually collected the water in Table EN.4. It should be noted that these results refer to one roundtrip from home to the source of the drinking water. Information on the number of trips made in one day was not collected.

Table EN.3 shows that for 22 percent of households, the drinking water source is on the premises. For 47 percent of all households, it takes less than 30 minutes to get to the water source and bring water, while 11 percent of households spend more than 1 hour for this purpose. Excluding those households with water on the premises, the average time to the source of drinking water is 31 minutes. The rural population spends, on average, 18 minutes more for the collection of water compared to the urban population. In remote areas households spend 44 minutes, on average, to collect water.

Table EN.4 shows that for the majority of households (49 percent) an adult male collects the water. Adult women collect water in 32 percent of cases, while for the remainder of the households, female or male children under the age of 15 collect water (7 and 13 percent respectively).

Sanitation

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases, including diarrhoeal diseases and polio. Improved sanitation facilities for excreta disposal include: flush or pour flush to a piped sewer system, septic tank, or latrine; ventilated improved pit latrine, pit latrine with slab, and composting toilet.

Seventy seven percent of the population of Mongolia is living in households using improved sanitation facilities (Table EN.5). Pit latrine with slab is the most common improved sanitation facility used by nearly half of the population. Residents of West and Khangai regions are less likely than others to use improved facilities. The table indicates that use of improved sanitation facilities is strongly correlated with wealth and there are profound differences between urban and rural areas. The percentage of households using improved sanitation facilities is 95 in urban areas and 53 percent in rural areas. Moreover, in rural areas, a

significant proportion (29 percent) of the population simply has no facility. In contrast, one third of the population in urban areas uses flush toilets with a connection to a sewage system or septic tank. Only 29 percent of the population of the poorest quintile has access to improved sanitation facilities, which is 3 times lower than the national average.

Safe disposal of a child's faeces indicates that the most recent stool by the child has been disposed of by using a toilet or is rinsed into a toilet or latrine. Disposal of faeces of children 0–2 years of age is presented in Table EN.6. The table reveals that in 60 percent of cases children's stool was disposed of safely.

An overview of the percentage of households with improved sources of drinking water and sanitary means of excreta disposal is presented in Table EN.7. Overall, 63 percent of the sampled households are using improved water source and sanitary means for excreta disposal. Notable variations are observed by wealth quintiles, urban, rural and regions.

Therefore, while only 11 percent of the poorest households reported using improved water sources and sanitary means of excreta disposal, 99 percent of the households from the richest quintile reported using them. As expected, more households in urban areas (87 percent) practice both safe water and sanitary means for excreta disposal compared to rural households (30 percent). The situation is the worst in the countryside where only 21 percent of the households stated using improved water source and sanitary means for excreta disposal. Among the regions, the situation is the worst in the West and Khangai regions where this percent stands at 40 and 41 percent respectively.

VIII

Contraception

Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the period between births; and 3) limiting the number of children. One of the goals of A World Fit for Children is access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.

As can be seen in the Table below, 66 percent of women currently married or in a union reported using contraception.(Table RH.1). The most popular method is the IUD which is used by 29 percent of women in Mongolia. The next most popular method is the pill, which accounts for 12 percent of women, followed by injections which are used by 11 percent. One out of twenty women reported using condoms as a method of contraception. Another five percent of women use traditional methods of contraception such as periodic abstinence, withdrawal, the lactational amenorrhea method (LAM) or other methods.

Variations in prevalence of contraception usage by regions are slight with highest prevalence in the Central region (72 percent) and the lowest in the West (61 percent). Interestingly, contraceptive prevalence is slightly higher among rural women compared to women residing in urban areas. This difference is in a large part accounted for by the use of injections by rural women which is twice as high as compared to urban women. Older women aged between 40–49 years are less likely to use contraception than young women. Contraceptive prevalence is 38 percent for women aged 45–49 years old.

A higher level of education is associated with higher contraceptive prevalence. The proportion of women with no education using contraception is 54 percent while for women with higher education this figure is 65 percent. However, it should be noted that the difference in contraceptive prevalence between educated and not educated women is not as large as it is in many other countries of within the region. The same can be said for the use of modern contraceptive methods. However, some differences can be observed in the case of specific methods of contraception. For instance, the proportion of women with higher education and wealthier women using the pill is higher compared to other education and wealth categories. In contrast, women who are poorer and have a lower level of education more commonly use injections compared to wealthier and educated women. Another interesting finding is that the largest proportion of women using traditional methods is women of the richest quintile.

Unmet Need for Contraception

Unmet need for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth or who wish to stop childbearing altogether. Unmet need is identified in MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity, and fertility preferences.

Women in unmet need for spacing includes women who are currently married (or in union), fecund (are currently pregnant or think that they are physically able to become pregnant), currently not using contraception, and who want to space their births. Pregnant women are considered to want to space their births when they did not want the child at the time they got pregnant. Women who are not pregnant are classified in this category if they want to have another child, but want to have the child at least two years later, or after marriage.

Women in unmet need for limiting are those women who are currently married (or in union), fecund (are currently pregnant or think that they are physically able to become pregnant), currently not using contraception, and want to limit their births. The latter group includes women who are currently pregnant but had not wanted the pregnancy at all, and women who are not currently pregnant but do not want to have another child.

Total unmet need for contraception is simply the sum of unmet need for spacing and unmet need for limiting.

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS data. The percentage of demand for contraception satisfied is defined as the proportion of women currently married or in union who are currently using contraception, of the total demand for contraception. The total demand for contraception includes women who currently have an unmet need (for spacing or limiting), plus those who are currently using contraception.

Table RH.2 shows the results of the survey on contraception, unmet need, and the demand for contraception satisfied. Findings reveal that 14 percent of women are in unmet need for contraception and the majority of these wish to stop childbearing. Consequently, a much higher share of older women aged over 40 years are in need of contraception. For instance, the unmet need for contraception for women of age groups 40–44 and 45–49 are 17 and 22 percent respectively. As it has been mentioned earlier, the use of contraception is slightly higher among rural women. However, the proportion of urban and rural women does not vary in terms of unmet need for contraception. Unmet need for contraception is also more frequently found among women with a low level of education. With regard to the variation by region, the proportion of women in unmet need for contraception is highest in the West (16 percent) followed by the Eastern region where one out of seven women face an unsatisfied demand for contraception.

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider.

The antenatal period also provides an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. The management of anaemia during pregnancy and treatment of STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., STIs and other) during pregnancy.

More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal services.

WHO recommends a minimum of four antenatal visits, based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content on antenatal care visits, which include:

- Blood pressure measurement

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- Urine testing for bacteriuria and proteinuria
- Blood testing to detect syphilis and severe anaemia
- Weight/height measurement (optional)

Coverage of antenatal care (by a doctor, nurse, or midwife) is high in Mongolia with 99 percent of women who gave birth in the two years preceding the survey having received antenatal care at least once during the pregnancy. The lowest level of antenatal care is found in the Eastern Region, with a figure of 97 percent. Variations in antenatal care coverage are negligible by background characteristics. The only considerable difference can be seen by the age of mothers, the data revealing that the lowest proportion (96 percent) of mothers who attended antenatal care is among adolescent mothers aged 15–19 years.

The type of personnel providing antenatal care to women aged 15–49 years who gave birth in the two years preceding the survey is presented in Table RH.3. Nearly all the women (99 percent) who gave birth in the two years preceding the survey received antenatal care from skilled personnel. Medical doctors provided antenatal care to most of mothers (83 percent) followed by feldshers (13 percent). Women who reside in Ulaanbaatar (95 percent), urban areas (92 percent), and who are educated (90 percent of women with college or university education) and wealthier (96 percent of women of richest quintile) are more likely to receive antenatal care services from medical doctors. The second popular antenatal care service provider is a feldsher/nurse and the proportion of women who received antenatal care from them is comparably higher among women residing in the Western and Eastern regions, living in the countryside and rural areas as well as those who have lower than complete secondary education and who belong to poorest 40 percent of the population.

The types of services pregnant women received are shown in Table RH.4. Although, the findings of the survey demonstrate high antenatal care coverage in terms of the number of visits and small differences by background characteristics, the content of antenatal care varies significantly. Blood samples and urine specimens were taken from 89 percent of women during antenatal care visits. The lowest coverage of the above two components of antenatal care is to be found in the West region where correspondingly blood tests and urine specimens had been taken from 66 and 67 percent of women respectively. Fewer women representing the poorest quintiles as well as those who have a low level of education and those who reside in rural areas reported that they have had a blood sample and a urine test taken, when compared to the national average and to the other categories within each of the corresponding background characteristics.

Some striking findings can also be seen from the table RH.4. Weight measurements were taken from only 88 percent of women, which represents the lowest figure out of the four components of antenatal care. The only component of antenatal care which was commonly received by more than 95 percent of women in each of the background category variables was the measurement of blood pressure.

Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure that a competent health worker with midwifery skills is present at every birth, and that transport is available to a referral facility for obstetric care in case of emergency. One of the goals of A World Fit for Children is to ensure that women have ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress toward the Millennium Development target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. A skilled attendant includes a doctor, nurse, or feldsher.

About 99 percent of births occurring in the two years prior to the MICS survey were delivered by skilled personnel (Table RH.5). Seventy percent of births were attended by a medical doctor and 29 percent by a feldsher/nurse. Some differences can be observed by regions and residence. More than 80 percent of births in Ulaanbaatar were attended by a medical doctor, while this figure is lowest in the Western region at 58 percent. In urban areas, births are more likely to be attended by a medical doctor. In common with urban mothers, mothers with a higher level of education and those who belong to the wealthier quintiles are also more likely to receive the assistance of a medical doctor.

IX

It is well recognized that a period of rapid brain development occurs in the first 3–4 years of life, and the quality of home care is the major determinant of the child’s development during this period. In this context, adult activities with children, the presence of books for the child in the home, and the conditions of care are important indicators of the quality of home care. One of the goals of *A World Fit for Children* is that “children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn.”

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books, telling stories, singing songs, taking children outside the home, compound or yard, playing with children, and spending time with children naming, counting, or drawing things.

For 55 percent of under–five children, an adult was engaged in more than four activities that promote learning and school readiness during the 3 days preceding the survey (Table CD.1).

The average number of activities that adults engaged in with their children was 4. The table indicates that the father’s involvement in such activities was somewhat limited. Fathers’ involvement with one or more activities was 44 percent. Every fifth child was living in a household without his or her father.

There are no gender differentials in terms of adult activities with children; however, a slightly larger proportion of fathers engaged in activities with male children (45 percent) than with female children (42 percent). Slightly larger proportions of adults engaged in learning and school readiness activities with children in urban areas (58 percent) than in urban areas (52 percent).

However, strong differentials by region and socio–economic status can be observed. Adult engagement in activities with children was greatest in the Central region (60 percent) and lowest in the Eastern region (49 percent), while the proportion was 60 percent for children living in the richest households, as opposed to 46 percent for those living in the poorest households. Fathers’ involvement showed a different pattern in terms of adults’ engagement in such activities. It is worthy of note more fathers of rural households and those residing in the Western region were involved in activities with their children, than in other regions. (Table CD.1) It was found that more educated mothers and fathers and those who are richer engaged more in such activities with children than those with less education and poorer.

The presence of books is important for school performance later and for IQ scores. In Mongolia, 53 percent of children are living in households where at least 3 non–children’s books are present (Table CD.2). However, only 26 percent of children aged 0–59 months have children’s books. Both the median number of non–children’s books and children’s books are low (4 and 0 books). Urban children appear to have more access to both types of books than those living in rural households. Sixty–three percent of under–5 children living in urban areas live in households with more than 3 non–children’s books, while the figure is forty two percent in rural households. The proportion of under–5 children who have 3 or more children’s books is 36 percent in urban areas, compared to 16 percent in rural areas. The presence of both non–children’s and children’s books is positively correlated with the child’s

age; in the homes of 55 percent of children aged 24–59 months, there are 3 or more non-children’s books, while the figure is 50 percent for children aged 0–23 months. Even larger differentials exist in terms of children’s books.

Table CD.2 also shows that only 4 percent of children aged 0–23 months had 3 or more playthings to play within their homes, while 8 percent had none of the playthings about which questions were asked of the mothers/caretakers. The playthings in the answers to the MICS questionnaire included household objects, homemade toys, toys that came from a store, and objects and materials found outside the home. It is interesting to note that 82 percent of children play with toys that come from a store, while the percentage for other types of toys is below 26 percent. The proportion of children who have 3 or more playthings to play with is 7 percent among male children and 5 percent among female children. Interestingly, more rural mothers (8 percent) reported that their children have 3 or more types of playthings compared to urban mothers of whom only 4 percent reported the same. This may be explained by the fact that urban children have more plaything substitutes than rural children.

Unexpectedly, variations are notable by regions. In the West 12 percent of children have 3 or more types of playthings whereas this figure is the lowest in the East (only 1 percent) and stands at 3 percent for Ulaanbaatar– capital city.

Leaving children alone or in the presence of other young children is known to increase the risk of accidents. In MICS, two questions were asked to find out whether children aged 0–59 months were left alone during the week preceding the interview, and whether children were left in the care of other children under 10 years of age.

Table CD.3 shows that 12 percent of children aged 0–59 months had been left in the care of other children, while 3 percent had been left alone, during the week preceding the interview. Combining the two care indicators, it is calculated that 13 percent of children had been left with inadequate care during the week preceding the survey. No differences were observed by the sex of the child or between urban and rural areas.

Significant variations can be observed by regions and the wealth status of households. Nearly every fifth child under 5 years was left without adequate care in the Western region whereas this was the case for only 9 percent in Ulaanbaatar, a figure which is twice as low as the West. Lower wealth status is associated with a higher probability that the child will be left without adequate care. Thus, every sixth child in the poorest quintile versus only one out of twelve in the richest quintile had been left without adequate care in the previous week.

X

Pre-school attendance



Attendance to pre-school education within an organized learning or child education programme is important for the readiness of children to attend school. One of the World Fit for Children goals is the promotion of early childhood education.

MICS 2005 finds that 37 percent of all children aged 36–59 months attend a pre-school education programme (kindergarten) (Table ED.1). Preschool education attendance varies by rural and urban areas as well as by regions. The rate is 25 percent in rural areas compared to 50 percent in urban areas.

According to the household's location, in rural areas only 20 percent of children of 36–59 months attend preschool education programme whilst the percentage in soum centers is 43 percent, in aimag centers 52 percent and in the capital city 48 percent. These figures show that urban children have more access and opportunities to pre-school education programme than rural children.

No gender differential exists, but differentials by wealth quintiles are significant (Table ED.1). 73 percent of children aged 36–59 months living in rich households attend pre-school, while the figure drops to only 11 percent in poor households.

Children of mothers with higher education are as much as four times more exposed to preschooling compared to children of mothers with primary education. This shows that preschool education attendance increases with the education of the mother. The mothers with higher education pay more attention to pre-school children's educational attainment. 31 percent of children aged 36–47 months attend preschool education programme while it rises to 43 percent among children aged 48–59 months.

Table ED.1 shows the proportion of children in the first grade of primary school who attended pre-school the previous year, an important indicator of school readiness. Overall, 81 percent of children who are currently attending the first grade of primary school had been attending pre-school the previous year. This indicator is 82 percent for boys and 79 percent for girls. 80–92 percent of children in the first grade in aimag centers and the Capital city had attended pre-school the previous year compared to 73 percent among children living in rural areas. In terms of regional differentials, Ulaanbaatar demonstrates the highest

proportion at 92 percent as opposed as the Khangai and the Central regions where these proportions are 70–73 percent. The difference in the proportion of preschool education attainment is 68–91 percent respectively among the poorest and richest households

Primary and Secondary School Participation

Universal access to basic education is one of the most important goals of Millennium Development Goals and A World Fit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment and influencing population growth.

The indicators for primary and secondary school attendance include:

- ✦ Net intake rate in primary education
- ✦ Net primary school attendance rate
- ✦ Net secondary school attendance rate
- ✦ Net primary school attendance rate of children of secondary school age
- ✦ Female to male education ratio (GPI)

The indicators of school progression include:

- ✦ Survival rate to grade five
- ✦ Transition rate to secondary school
- ✦ Net primary completion rate

The secondary school system in Mongolia introduced an 11 year schooling system in 2005. According to the 11 year schooling system, the age of school entry age is 7 years. The results of MICS 2005 (Table ED.2) indicate that the proportion of 7 year– olds who enter the first grade of primary school is 80 percent. Findings show that 82 percent of girls aged 7 years were attending primary school while the figure drops to 78 percent for boys. When aggregated by regions, data show that the participation of primary school is the highest in the Central Region, at 88 percent, while it is lowest at 73 percent in the Western region.

The net primary school attendance rate is shown in Table ED.3. Overall, 95 percent of children of primary school age are attending school. The percentage of girls attending primary school is 96 percent and 94 percent for boys.

Primary school attendance is lower (92 percent) in the Western region compared to other regions. The rate in rural areas (93 percent) is lower in rural areas than in Ulaanbaatar, aimag and soum centers. By household wealth, 98 percent of children from the richest households entered primary school as opposed to 93 percent of children living in the poorest households. These figures prove that the implementation of the goal that was adopted in the Mongolian government's Master Plan of Education to protect the child's right to education and improve access to primary and secondary education, is being realised.

From the findings of the survey, it is clear that the school attendance rate varies considerably among boys living in soum centers (98 percent) and rural areas (92 percent).

X. CHILD EDUCATION

When disaggregated by household location, the overall attendance for girls is slightly higher than for boys,

The secondary school net attendance ratio is presented in Table ED.4. According to the new education system, this applies to grades 6–9. The findings of the survey reveal that of children of secondary school age, 85 percent were attending secondary school. This figure is lower by 10 percentage points than that of primary school attendance. Secondary school attendance is 91 percent in the Capital city and drops to 74 percent in rural areas.

Non attendance at secondary school (26 percent) among children of rural herder households can be assumed to be driven by the need of labour in herding. Herder households make their children leave school after they have learnt reading, writing and simple mathematics. This fact is supported by the findings that the lowest percentage of school attendance among 12 year olds (the primary school completion age) is 77 percent. The Mongolian Human Development Report identifies the key factors in the school drop out rate amongst boys, as herder households forcing their children to leave school and the absence of vocational schools⁵.

The net school attendance rate is higher for girls (88 percent) than for boys (83 percent). Moreover, the secondary school net attendance ratio is 91 percent in Ulaanbaatar whereas it is 80–84 percent in other regions.

When disaggregated by household wealth, the percentage is 96 percent for children from the richest households while the rate drops to 67 percent among children living in the poor households.

Table ED.5 illustrates the percentage of children entering first grade who eventually reach grade 5. Those who conducted the survey collected these data by asking if children of the surveyed households attend school during the survey period and what grade they had finished in the preceding year.

The findings of the survey reveal that of all children starting grade one, 96 percent of them eventually reach grade five. When disaggregated according to location, this indicator is 99 percent in urban versus 94 percent in rural areas. Gender differentials are not very marked; the rate for children of the richest households that reach fifth grade is 100 percent and that of the poor households is 91 percent.

The net primary school completion rate and transition rate to secondary education is presented in Table ED.6. Of children of primary school completion age (11 years), 94 percent graduated from primary school. In terms of gender, the figures are 95 percent for girls and 92 percent for boys. Of the children who attended the last grade of primary education, 98.4 percent advanced to secondary school. There is no significant difference by gender, regions and location in this indicator.

The ratio of girls to boys attending primary and secondary education is presented in Table ED.7. These ratios are better known as the Gender Parity Index (GPI).

For attendance at primary school, the percentage of boys and girls is 94 percent and 96 percent respectively. The higher the grades, the smaller the percentage of boys attendance. The secondary school attendance rate is 83 percent for boys and 88 percent for girls. The gender parity index of school children estimates the ratio of net attendance of girls to the net

⁵ UNDP, Government of Mongolia, 2003. Human Development Report.

attendance ratio of boys. In other words, the ratio is close to 1.00, indicating no difference in the attendance of girls and boys to primary school. Gender parity index is 1.02 at primary school and 1.07 at secondary school. This means there are 102 or 107 girls to 100 boys at primary and secondary school respectively.

Literacy

One of the goals of A World Fit for Children and the MDGs is to assure literacy.

MICS 2005 only provided data on the literacy of the women of 15–24 years. Their literacy was assessed by school attendance or by the ability of women to read a short simple statement in the case of non-school attendance. The literacy rate of women of 15–24 years is 95 percent (Table ED.8).

XI

Birth Registration

The Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children.

One of the goals of A World Fit for Children is to develop systems to ensure the registration of every child at or shortly after birth, and to fulfil his or her right to acquire a name and a nationality, in accordance with the national laws and relevant international instruments. The indicator is the percentage of children under 5 years of age whose birth is registered.

Table CP.1 shows the proportion of registered children under 5, by sex, age, mother's education and location. The births of 98 percent of children under-five years have been registered. Nearly 86 percent of mothers/care takers were able to demonstrate the birth certificate while 13 percent of them, although they were not able to present the birth certificate, reported that they had it. There were no significant variations in birth registration across sex, regions, education or other categories.

According to the Law of Mongolia on Civil Registration, a child has to be registered within 15 days after birth in urban areas and in 30 days in remote rural areas. As can be seen from the table, there are no variations (98 percent) in registration by urban or rural residence.

Child Labour

Article 32 of the Convention on the Rights of the Child states: "States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development..." The World Fit for Children mentions nine strategies to combat child labour and the MDGs call for the protection of children against exploitation. Mongolia ratified the UN Convention 182 on the Worst Forms of Child Labour in 1999, which has created opportunities for the implementation of various projects and which attracts international funds. In the MICS questionnaire, a number of questions addressed the issue of child labour; namely, children between 5–17 years of age (as well as the age group of 5–14 years) involved in labour activities.

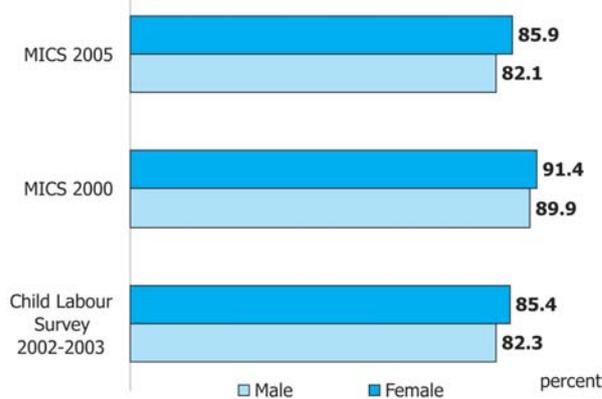
A child is considered to be involved in child labour activities at the time of the survey if, during the week preceding the survey, they have been engaged in:

- ✦ Ages 5–11: at least one hour of economic work or 28 hours of domestic work per week.
- ✦ Ages 12–17 (and ages 12–14): at least 14 hours of economic work or 28 hours of domestic work per week.

This definition allows us to differentiate child labour from child work, and to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum measurement of the prevalence of child labour, since some children may be involved in hazardous labour activities for a number of hours that could be less than the numbers specified in the criteria explained above.

XI. CHILD PROTECTION

Figure XI.1. Proportion of 5-17 children engaged in domestic work, by sex, Mongolia, 2005



Among the total number of children between 5–17 years old, 84 percent were engaged in domestic work or non-economic activities. This data is close to the results of MICS 2000 and Child Labour Survey of Mongolia, 2002–2003 (Figure XI.1). More girls are engaged in domestic work or non economic activities than the boys are.

Table CP.2.2 shows the result of MICS 2005, the number of children who had worked outside the household, helped with domestic work and helped their household business in the seven days prior to the survey.

Overall, 24 percent of the surveyed children between 5–17 years old, were exposed to labour or engaged in economic activities. The estimate, by age and hours worked per week, shows that 22 percent of children are exposed to child labour⁶. This is relatively higher than presented by the Child Labour Survey (MICS 2005 estimated 10.1 percent engaged in economic activities, among which 5.7 percent were exposed to child labour according to definition of ILO Convention 138 and 182). The difference is a result of the methodology used to estimate child labour. For instance, MICS 2005 includes children engaged in domestic works for more than 28 hours, as children exposed to Child Labour.

However, the percentage of 5–14 year old children engaged in paid and unpaid work outside the household is 1.3 percent, which is a figure similar to the findings of MICS 2000 (1.4 percent).

When Child labour is estimated by age, data show that the rate is lower than the national average within the 5–11 age group, by 7.5 percentage points, while the rate is 3–13 percentage points higher than the national average within the 12–14 and 15–17 age groups. There is almost no gender disparity in child labour with the figures for girls participating in child labour being close to the figures for boys.

The survey finds that 0.6 percent of 15–17 year old children are engaged in paid work outside the household, 1.0 percent in unpaid work, 9 percent in own household business and 14 percent in domestic work for more than 28 hours.

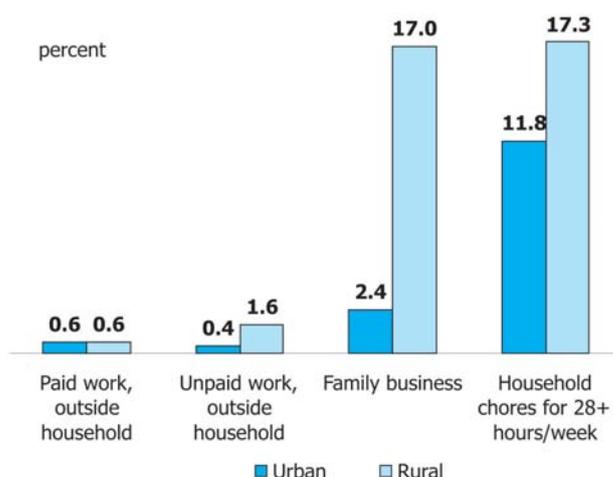
The percentage of children engaged in paid work outside the household is similar for urban and rural areas (0.6 percent) while that of children engaged in unpaid work outside the household is higher by 1.2 percentage point in rural areas than in urban areas (Figure XI.2).

Child labour in the form of unpaid family work and business varies significantly by urban and rural areas (2 percent in urban areas and 17 percent in rural areas). The number of children engaged in domestic work for 28 and more hours per week is less by 6 percentage points in urban areas compared with rural areas.

⁶ Comparison should be done carefully because definitions used for child labour in MICS 2005 are different from MICS 2000 and Child labour survey conducted in 2002–2003.

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Figure XI.2. Child labour within 5-17 years age group, by urban and rural areas, Mongolia, 2005



those children attending school, who were involved in child labour activities at the time of the surveys.

The percentage of student labourers are 21 percent⁷ and this percentage is relatively high in rural areas, exceeding national average by 9 percentage points and the percentage of student labourers is lower by 6 percentage points in urban areas.

Child Discipline

As stated in *A World Fit for Children*, “children must be protected against any acts of violence...” and the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In MICS, the mothers/caretakers of children age 2–14 years were asked a series of questions on the methods parents tend to use to discipline their children when they misbehave. Note that for the child discipline module, one child aged 2–14 years old per household was selected randomly during fieldwork. Out of the questions which were asked, two indicators used to describe aspects of child discipline were: 1) the number of children between the ages of 2–14 years, who have experienced psychological aggression as a punishment or any physical punishment; and 2) the number of parents/caretakers of children of 2–14 years of age, who believe that in order to raise their children properly, they need to physically punish them.

Overall, 17 percent of children had experienced non violent aggression (explained why something was wrong, gave him/her something else to do) in being disciplined by their parents or other family members in the month prior to the survey.

In Mongolia, 79 percent of children aged 2–14 years had been subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members.

More importantly, 38 percent of children had been subjected to some form of physical punishment. More male children had been subjected to both psychological and physical

The percentage of 5–17 year old children in labour varies significantly by region. Among the regions, the Khangai region shows the highest incidence of child labour at 23 percent while Ulaanbaatar shows the lowest at 11 percent.

There is not much relation between child labour and mother’s education. In contrast, household wealth is quite often associated with child labour. In one in three poor households and one in ten of the richest households, one child is involved in child labour.

Table CP.3 presents the percentage of children classified as student labourers or as labourer students. Student labourers are

⁷ By definition of MICS 2005.

discipline (80 and 42 percent respectively) than female children (76 and 34 percent respectively).

There is almost no disparity with respect to many of the background variables such as region, location, wealth status and mother’s education.

On the other hand, 15 percent of mothers/caretakers believed that children should be physically punished, which implies an interesting contrast with the actual prevalence of physical discipline.

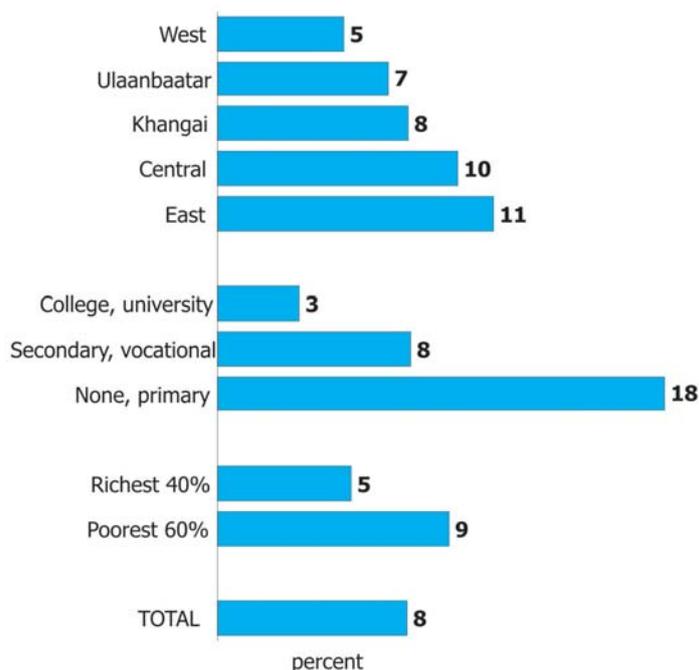
While only 15 percent of mothers/caretakers responded they believe that in order to raise their children properly, they need to physically punish them, it is interesting to note that 38 percent of the mothers/caretakers responded they had physically punished their children.

Responses significantly vary by mother’s education and wealth of the household. Nearly 25 percent of mothers who were uneducated or had only primary education and from poorest families, believe that children should be physically punished whereas only 10 percent of the higher educated and wealthiest mothers believed they should be physically punished.

Early Marriage

Child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. Women married at younger ages are more likely to dropout of school, experience higher levels of fertility, domestic violence, and maternal mortality.

Figure XI.4. Percentage of women aged 20-49 in marriage or union before their 18th birthday, by background variables, Mongolia, 2005



The indicator is to estimate the percentage of women married before 18 years of age.

The percentage of women married before the age of 18 is indicated in Table CP.5. Overall, 8 percent of women aged 20–49 married or started live in union before their 18th birthday. The higher proportions of women who had married and started live in union before age 18 are among rural women (particularly those from the countryside), women who are less educated and who are from poorer households.

Approximately 18 percent of the women aged 20–49 years, who had married before

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age 18, were uneducated or have primary education, while the figure is only 3 percent for women with college and university education (Figure XI.3).

Early marriage (in union) is likely to increase. By age group, the percentage of women aged 45–49 who were married (in union) before the age of 18 stood at 11 percent. This percentage decreased to 4 percent among the women aged 35–39 and rose to 9 percent for the women aged between 20–24 years.

Another component is the spousal age difference with an indicator being the percentage of married/in union women with a difference of 10 or more years of age compared to their current spouse. Table CP.6 presents the results of the age difference between husbands and wives.

For most of currently married/in union women aged 15–19 as well as those aged 20–24, the age difference between their husband or partner is 0–4 years (correspondingly 58 and 67 percent).

One third of women aged 15–19 and 21 percent of women aged 20–24 have between 5–9 years age difference with their husbands/partners. For women aged 20–24, the age difference tends to be relatively higher in the Khangai region, among remote rural women, the less educated and those who are poorer.

Domestic Violence

A number of questions were asked of women age 15–49 years to assess their attitudes as to whether husbands are justified in hitting or beating their wives/partners, within a variety of scenarios. These questions were asked in order to have an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women, who agree with the statements indicating that husbands/partners are justified in beating their wives/partners within the situations described, tend to be abused, in reality, by their own husbands/partners. The responses to these questions can be found in Table CP.7.

Every fifth woman aged 15–49 considers that a husband is justified in beating his wife/partner.

The most common reason for beating reported by respondent women was “when she neglects the children” (12 percent) followed by “when she argues with him” (11 percent). There were considerable variations by background characteristics. The highest proportion of women who believed that a husband is justified in beating his wife/partner was in the Western region (33 percent) compared to only 12 percent in Ulaanbaatar.

Rural women, particularly those who live in remote rural areas, as well as older women, tend to report the same attitudes. The proportion of less educated and poorer women who believed that a husband is justified in beating his wife/partner was more than twice as high, when compared to educated and wealthier women.

Child Disability

One of the goals of A World Fit for Children is to protect children against abuse, exploitation, and violence, including the elimination of discrimination against children with disabilities.

For children age 2 through 9 years, a series of questions were asked to assess a number of disabilities/impairments, such as sight impairment, deafness, and difficulties with speech. This approach is rooted in the concept of functional disability developed by WHO and aims to identify the implications of any impairment or disability for the development of the child.

Table CP.10 presents the results of these questions. Thus, 17 percent of children between 2–9 years old were reported as having at least one disability⁸.

Children who appear to be mentally backward, dull, or slow account for 5 percent. The proportion of children with this type of disability is significantly higher in the Eastern region at 13 percent. However, there is almost no difference for other background variables.

The second common disability, reported by 4 percent of mothers/caretakers, was “not speaking at all/cannot say any recognisable words”. The pattern, when disaggregated by background characteristics is somewhat the same with the mentally backward, dull, or slow. In addition, difficulty in walking and moving was observed in 4 percent of children.

Difficulty in seeing is the next most common problem, reported by 3 percent of mothers/caretakers. However, difficulty in seeing was reported more often in urban areas by mothers with a higher level of education.

With regard to the variations by background characteristics, nearly all the types of disability are prevalent in the Eastern region, rural areas, and among children of less educated and poorer mothers.

⁸ *The concept of disability is used in broad terms*

XII

HIV/AIDS knowledge

A very important prerequisite to protection from HIV infection is an accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step toward raising awareness and teaching the tools to protect from HIV infection. Misconceptions about HIV confuse the youth and hinder prevention efforts .

Although, the knowledge of HIV infection varies by region, there are some common beliefs which regularly occur, for example that sharing food can transmit HIV or mosquito bites can transmit HIV.

The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge of HIV prevention. The indicators to measure this goal as well as the Millennium Development Goal of reducing HIV infections by 50 percent include improving the level of knowledge of HIV and its prevention and changing behaviours in order to prevent further spread of the disease.

One indicator, which is both an MDG and UNGASS indicator, is the HIV prevention and transmission knowledge among young women. Women were asked in the survey whether they knew of the three main ways of HIV transmission – having only one faithful uninfected partner, using a condom at every intercourse and abstaining from sex. The results are presented in Table HA.1

Overall, 88 percent of interviewed women had heard of AIDS and 56 percent of these women knew of all three of the main ways of preventing HIV transmission. In terms of each of the three main ways of preventing HIV transmission, 74 percent of women reported they knew about having one faithful uninfected sex partner, 75 percent of women knew of using a condom every time, and 66 percent knew of abstaining from sex. While 84 percent of women knew at least one way of HIV transmission, 16 percent of women do not know any of the three ways.

By location, the knowledge of HIV infection is higher in urban areas, especially in Ulaanbaatar. The percentage of women who have heard of AIDS is the highest in Ulaanbaatar (93 percent) and the lowest in the Western region (73 percent). The percentage of women who know of all three main ways of preventing HIV transmission is also the highest in Ulaanbaatar .

The knowledge of HIV infection is the highest among women aged 25–39 years old, with higher education and richer families. It is important to note that 61 percent of uneducated women responded that they knew none of the three ways to prevent HIV infection.

Table HA.2 presents the misconceptions concerning HIV. The indicator is based on the two most common misconceptions in Mongolia, that HIV can be transmitted by sharing food and cannot be transmitted by mosquito bites and the percentage of women who know that a healthy-looking person can be infected. The Table also shows the percentage of women who know that HIV cannot be transmitted by supernatural means but can be transmitted by sharing needles.

The percentage of women who reject the two most common misconceptions and know that a healthy-looking person can be infected is 38 percent.

Among the surveyed women, 57 percent know that HIV cannot be transmitted by sharing the food and 54 percent know that HIV cannot be transmitted by mosquito bites while 75 percent know that a healthy-looking person can be infected.

Table HA.3 summarizes information from Tables HA.1 and HA.2 and presents the percentage of women who know 2 ways of preventing HIV transmission and reject the three common misconceptions.

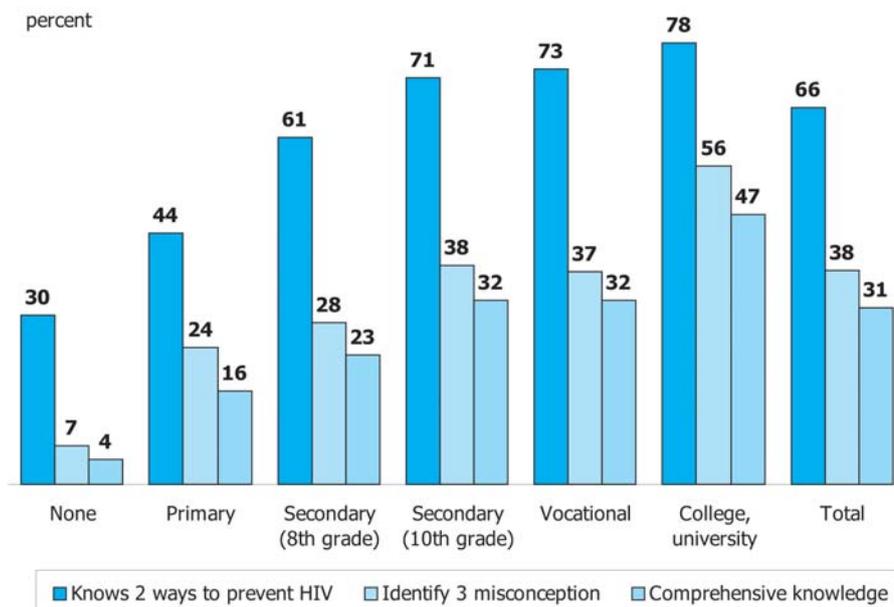
The percentage of women who know about two ways of HIV prevention is 66 percent and the percentage of women who reject the three common misconceptions is 38 percent. Overall, the percentage of women who have a comprehensive knowledge of HIV/AIDS transmission is 31 percent (Figure XII.1).

The knowledge of HIV transmission and ways of preventing HIV varies according to whether they are rural or urban women. The percentage of women who know 2 ways of preventing HIV transmission is 71 percent in urban areas versus 59 percent in rural areas. The knowledge of ways of preventing HIV increases with the woman's education level and household wealth. Only 30 percent of uneducated women know about 2 ways of HIV prevention as opposed to 78 percent of higher educated women.

Generally, knowledge of HIV transmission is lower among rural, low educated and poor women. For example, the percentage of women who know about 2 ways of HIV prevention and reject the three common misconceptions is 18 percent in the Western region, 21 percent in rural areas, 16 percent for the women with a lower level of education and 14 percent among the poor women.

The level of knowledge of mother-to-child transmission of HIV is an important factor in encouraging women to seek HIV testing when they are pregnant, to avoid infection in the baby. Women should know that HIV can be transmitted during pregnancy, delivery and through breastfeeding. The level of knowledge of mother-to-child transmission of HIV is presented in Table HA.4.

Figure XII.1. Percentage of women with a comprehensive knowledge of HIV/AIDS transmission, by education level, Mongolia, 2005



XII. HIV/AIDS

Overall, 79 percent of interviewed women know about mother to child transmission of HIV. Out of these, 72 percent of women know about transmission during pregnancy, 64 percent during the delivery and 60 percent through breastfeeding. The percentage of women who know all three ways of mother-to-child transmission is 49 percent, while only 8 percent of women did not know of any specific way of transmission.

The knowledge of mother-to-child transmission of HIV increases with a woman's age, education level and household wealth. On the other hand, the percentage of women who do not know about mother-to-child transmission of HIV is higher in Western and Eastern regions (10–12 percent), among young women (12 percent), among uneducated and low educated women (10–13 percent) and among poor women (11.2 percent) compared to other groups.

The survey assessed the attitudes of women towards people with HIV infection. The indicators on attitudes toward people living with HIV, measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude in answer to the following four questions: 1) would care for a family member who is sick with AIDS; 2) would buy fresh vegetables from a vendor who was HIV positive; 3) thinks that a female teacher who is HIV positive should be allowed to teach in school; and 4) would not want to keep HIV status of a family member a secret.

Table HA.5 presents the attitudes of women towards people living with HIV/AIDS. Out of the interviewed women, 68 percent of women responded that they would buy fresh vegetables from a vendor who was HIV positive, 43 percent would keep the HIV status of a family member a secret, 43 percent thinks that a female teacher who is HIV positive should not be allowed to teach in school and 14 percent would not care for a family member sick with AIDS. Overall, 87 percent of women agreed with at least one of the stigma or discriminations towards people with HIV infection, while 13 percent did not agree with any of these stigma or discriminations.

HIV testing

Voluntary HIV testing and consulting are very important in order to know about HIV infection, to reduce the risk of HIV transmission, to prevent HIV transmission and to receive necessary aid services and treatment at an earlier stage. Questions related to knowledge among women of a facility for HIV testing and whether they have ever been tested is presented in Table HA.6.

Out of the women interviewed, 57 percent of women know where to be tested, while 15 percent have actually been tested. Of these, a large proportion or 94 percent has been told the result. Knowledge of where to be tested is higher among urban women (70 percent) than rural women (38 percent), higher among educated women (82 percent of higher educated women) than low educated women (16 percent for uneducated women and 27 percent for less educated women) and higher among wealthy women (77 percent) than poor women (28 percent). Among women under 20 years old, 42 percent are aware of where they can be HIV tested, as opposed to 60 percent of older women who are aware of where to go. Most of the women who had been tested were from urban areas (23 percent), with complete secondary or higher education (17–26 percent) and wealthy women (22 percent).

Among women who had given birth within the two years preceding the survey, the percent who had received counselling and HIV testing during antenatal care is presented in Table HA.7.

Overall, 62 percent of women provided information on HIV/AIDS prevention during their

antenatal care and 37 percent of them had been tested and 35 percent of these had been told the result. The percentage of women who were provided with information on HIV/AIDS prevention during their antenatal care is higher for urban women (71 percent) than rural women (52 percent), higher for educated women (72 percent for higher educated women) than less educated (31 percent for uneducated women) and higher for wealthy women (72 percent) than poor women (43 percent). Less than 50 percent of women aged under 20 years old received information on HIV while 67–70 percent of older women did so. The proportion of women who had HIV testing during antenatal care is high among urban areas (55 percent), among complete secondary and higher educated women (40–55 percent) and among wealthy women (57 percent).

TABLES

Note:

na not available

() Figures that are based on less than 25 unweighted cases*

() Figures that are based on 25–49 unweighted cases

Table HH.1: Results of household and individual interviews

Numbers of households, women and children under 5 by results of the household, women's and under-five's interviews, and household, women's and under-five's response rates, Mongolia, 2005

	Residence		Location					Region				Total	
	Urban	Rural	Capital city	Aimag center	Soum center	Countryside	West	Khangai	Central	East	Ulaanbaatar		
Number of households													
Sampled	3 600	2 725	2 150	1 450	666	2 059	1 025	1 500	1 125	525	2 150	6 325	
Occupied	3 600	2 725	2 150	1 450	666	2 059	1 025	1 500	1 125	525	2 150	6 325	
Interviewed	3 547	2 673	2 133	1 414	652	2 021	1 008	1 460	1 105	514	2 133	6 220	
Response rate	98.5	98.1	99.2	97.5	97.9	98.2	98.3	97.3	98.2	97.9	99.2	98.3	
Number of women													
Eligible	4 795	3 262	2 923	1 872	844	2 418	1 217	1 852	1 345	720	2 923	8 057	
Interviewed	4 411	3 048	2 654	1 757	786	2 262	1 137	1 699	1 297	672	2 654	7 459	
Response rate	92.0	93.4	90.8	93.9	93.1	93.5	93.4	91.7	96.4	93.3	90.8	92.6	
Overall response rate	90.6	91.7	90.1	91.5	91.2	91.8	91.9	89.3	94.7	91.4	90.1	91.0	
Number of children under 5													
Eligible	1 853	1 715	1 049	804	394	1 321	682	844	610	383	1 049	3 568	
Mother/Caretaker Interviewed	1 840	1 707	1 041	799	390	1 317	676	843	609	378	1 041	3 547	
Response rate	99.3	99.5	99.2	99.4	99.0	99.7	99.1	99.9	99.8	98.7	99.2	99.4	
Overall response rate	97.8	97.6	98.5	96.9	96.9	97.9	97.5	97.2	98.1	96.6	98.5	97.8	

Table HH.2: Household age distribution by sex

Percent distribution of the household population by five-year age groups and dependency age groups, and number of children aged 0-17 years, by sex, Mongolia, 2005

	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Age						
0-4	1 848	14.4	1 715	12.3	3 563	13.3
5-9	1 498	11.7	1 378	9.9	2 877	10.8
10-14	1 514	11.8	1 590	11.4	3 104	11.6
15-19	1 437	11.2	1 488	10.7	2 925	10.9
20-24	1 030	8.1	1 295	9.3	2 325	8.7
25-29	1 133	8.9	1 386	10.0	2 519	9.4
30-34	1 006	7.9	1 175	8.4	2 181	8.2
35-39	893	7.0	1 074	7.7	1 966	7.4
40-44	809	6.3	947	6.8	1 756	6.6
45-49	639	5.0	696	5.0	1 335	5.0
50-54	358	2.8	363	2.6	721	2.7
55-59	208	1.6	244	1.8	452	1.7
60-64	155	1.2	187	1.3	342	1.3
65-69	126	1.0	153	1.1	279	1.0
70+	136	1.1	231	1.7	367	1.4
Missing/DK	0	(*)	2	(*)	2	(*)
Dependency age groups						
<15	4 860	38.0	4 683	33.6	9 543	35.7
15-64	7 667	59.9	8 855	63.6	16 522	61.8
65+	263	2.1	383	2.8	646	2.4
Missing/DK	0	(*)	2	(*)	2	(*)
Children aged 0-17	5 862	45.8	5 698	40.9	11 560	43.3
Adults 18+/Missing/DK	6 928	54.2	8 225	59.1	15 153	56.7
Total	12 789	100.0	13 923	100.0	26 713	100.0

Table HH.3: Household composition
Percent distribution of households by selected characteristics, Mongolia, 2005

	Weighted percent	Number of households	
		Weighted	Unweighted
Sex of household head			
Male	82.4	5 125	5 128
Female	17.6	1 095	1 092
Region			
West	16.1	1 001	1 008
Khangai	23.2	1 446	1 460
Central	17.7	1 104	1 105
East	8.1	506	514
Ulaanbaatar	34.8	2 163	2 133
Residence			
Urban	57.4	3 570	3 547
Rural	42.6	2 650	2 673
Location			
Capital city	34.8	2 163	2 133
Aimag center	22.6	1 406	1 414
Soum center	10.4	647	652
Countryside	32.2	2 003	2 021
Number of household members			
1	1.2	77	77
2-3	30.0	1 868	1 866
4-5	50.2	3 124	3 125
6-7	15.0	932	933
8-9	2.8	174	174
10+	(0.7)	45	45
Total	100.0	6 220	6 220
At least one child aged < 18 years	87.7	6 220	6 220
At least one child aged < 5 years	48.3	6 220	6 220
At least one woman aged 15-49 years	95.0	6 220	6 220

Table HH.4: Women's background characteristics

Percent distribution of women aged 15-49 years by background characteristics, Mongolia, 2005

	Weighted percent	Number of women	
		Weighted	Unweighted
Region			
West	15.0	1 118	1 137
Khangai	22.8	1 698	1 699
Central	16.7	1 243	1 297
East	8.8	657	672
Ulaanbaatar	36.8	2 744	2 654
Residence			
Urban	59.9	4 468	4 411
Rural	40.1	2 991	3 048
Location			
Capital city	36.8	2 744	2 654
Aimag center	23.1	1 724	1 757
Soum center	10.3	771	786
Countryside	29.8	2 220	2 262
Age			
15-19	17.1	1 274	1 272
20-24	15.5	1 154	1 151
25-29	17.7	1 318	1 321
30-34	15.0	1 121	1 122
35-39	14.0	1 041	1 043
40-44	12.0	897	897
45-49	8.8	653	653
Marital/Union status			
Currently married/in union	60.6	4 523	4 535
Formerly married/in union	10.7	801	797
Never married/in union	28.6	2 135	2 127
Motherhood status			
Ever gave birth	74.6	5 568	5 576
Never gave birth	25.4	1 891	1 883
Education			
None	3.9	292	296
Primary	10.0	749	754
Secondary (8th grade)	25.6	1 911	1 923
Secondary (10th grade)	25.4	1 895	1 890
Vocational	9.2	684	684
College, university	25.8	1 928	1 912
Wealth index quintiles			
Poorest	18.0	1 342	1 363
Second	19.2	1 435	1 452
Middle	20.1	1 502	1 500
Fourth	20.8	1 549	1 531
Richest	21.9	1 632	1 613
Total	100.0	7 459	7 459

Table HH.5: Children's background characteristics

Percent distribution of children under five years of age by background characteristics,
Mongolia, 2005

	Weighted percent	Number of children under 5	
		Weighted	Unweighted
Sex			
Male	51.9	1 842	1 841
Female	48.1	1 705	1 706
Region			
West	19.0	674	676
Khangai	23.5	832	843
Central	17.1	607	609
East	10.6	375	378
Ulaanbaatar	29.9	1 059	1 041
Residence			
Urban	52.3	1 856	1 840
Rural	47.7	1 691	1 707
Location			
Capital city	29.9	1 059	1 041
Aimag center	22.5	797	799
Soum center	10.9	386	390
Countryside	36.8	1 305	1 317
Age			
< 6 months	11.3	400	399
6-11 months	10.6	375	375
12-23 months	20.4	724	723
24-35 months	20.1	714	714
36-47 months	18.9	672	672
48-59 months	18.7	663	664
Mother's education			
None	4.5	161	162
Primary	8.4	297	299
Secondary (8th grade)	25.2	895	898
Secondary (10th grade)	28.8	1 023	1 022
Vocational	7.1	252	252
College, university	25.9	919	914
Wealth index quintiles			
Poorest	22.7	805	813
Second	23.6	838	842
Middle	19.4	688	686
Fourth	16.5	584	579
Richest	17.8	632	627
Total	100.0	3 547	3 547

Table CM.1: Child mortality
 Infant and under-five mortality rates by background and demographic characteristics,
 Mongolia, 2005

	Infant mortality rate*	Under-five mortality rate**
Sex		
Male	45	55
Female	36	46
Residence		
Urban	25	31
Rural	52	69
Mother's education		
None, primary	66	90
Secondary, vocational	35	44
College, university	18	22
Wealth Index quintiles		
Poorest, 60%	46	60
Richest, 40%	25	30
Total	40	51

* MICS indicator 2; MDG indicator 14

** MICS indicator 1; MDG indicator 13

Table CM.2: Children ever born, children surviving, proportion dead
 Mean number of children ever born, children surviving and proportion dead by age of women, Mongolia, 2005

Age	Mean number of children ever born	Mean number of children surviving	Proportion dead	Number of women
15-19	0.061	0.060	0.013	1 274
20-24	0.804	0.775	0.036	1 154
25-29	1.590	1.502	0.055	1 318
30-34	2.419	2.227	0.079	1 121
35-39	3.091	2.855	0.076	1 041
40-44	3.714	3.344	0.100	897
45-49	4.528	3.904	0.138	653
Total	2.054	1.873	0.088	7 459

Table NU.1: Child malnourishment
Percentage of under-five children who are severely or moderately undernourished, Mongolia, 2005

	Weight for age		Height for age		Weight for height		Number of children aged 0-59 months
	% below -2 SD*	% below -3 SD*	% below -2 SD**	% below -3 SD**	% below -2 SD***	% above +2 SD	
Sex							
Male	5.9	1.2	21.5	5.9	1.9	0.6	1 700
Female	6.6	1.0	20.3	5.9	2.4	0.5	1 552
Region							
West	8.0	0.8	28.0	8.2	2.1	0.5	623
Khangai	6.8	1.9	19.8	4.8	2.2	0.7	796
Central	4.9	0.7	15.9	3.6	2.0	0.5	585
East	6.5	1.2	26.9	9.8	1.5	0.0	335
Ulaanbaatar	5.4	0.9	18.2	5.2	2.5	0.7	913
Residence							
Urban	5.6	0.9	18.4	5.0	2.2	0.5	1 674
Rural	7.0	1.3	23.6	6.8	2.1	0.6	1 579
Location							
Capital city	5.4	0.9	18.2	5.2	2.5	0.7	913
Aimag center	5.9	0.9	18.8	4.8	1.8	0.4	761
Soum center	5.9	0.6	24.1	5.8	0.6	0.3	357
Countryside	7.3	1.5	23.4	7.1	2.6	0.6	1 222
Age							
< 6 months	1.2	0.3	10.8	1.5	2.0	0.3	344
6-11 months	2.6	0.6	7.2	0.9	2.9	0.3	348
12-23 months	6.6	1.3	26.4	6.6	2.1	0.3	671
24-35 months	9.6	1.3	20.7	5.7	2.3	0.5	667
36-47 months	6.7	0.8	25.6	8.5	1.4	0.6	620
48-59 months	6.8	1.7	24.2	8.0	2.5	1.2	602
Mother's education							
None	13.5	4.1	31.5	8.8	4.7	0.7	148
Primary	8.2	1.4	26.0	7.1	2.9	1.4	279
Secondary (8th grade)	8.5	1.7	26.7	9.0	2.3	0.5	829
Secondary (10th grade)	5.7	0.7	19.8	5.2	1.9	0.3	934
Vocational	3.4	1.3	15.9	3.9	1.7	0.9	233
College, university	3.5	0.2	14.3	3.2	1.7	0.5	828
Wealth index quintiles							
Poorest	7.8	1.8	26.1	7.5	2.8	0.9	749
Second	8.6	1.3	26.1	8.2	2.0	0.3	781
Middle	5.5	1.0	20.5	5.3	1.6	0.8	626
Fourth	4.6	1.1	15.0	3.8	2.1	0.4	529
Richest	3.5	0.0	13.1	3.0	2.1	0.4	568
Total	6.3	1.1	20.9	5.9	2.2	0.6	3 252

* MICS indicator 6; MDG indicator 4

** MICS indicator 7

*** MICS indicator 8

Table NU.2: Initial breastfeeding
 Percentage of women aged 15-49 years with a birth in the 2 years preceding the survey who breastfed their baby within one hour of birth and within one day of birth, Mongolia, 2005

Region	Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth	Number of women with live birth in the two years preceding the survey
West	73.8	94.2	252
Khangai	84.5	92.6	322
Central	83.1	91.6	239
East	77.7	90.4	163
Ulaanbaatar	71.8	88.6	481
Residence			
Urban	74.5	89.1	801
Rural	81.1	93.6	656
Location			
Capital city	71.8	88.6	481
Aimag center	78.6	89.9	321
Soum center	82.4	91.2	157
Countryside	80.7	94.3	499
Months since last birth			
< 6 months	76.7	90.4	397
6-11 months	77.9	93.0	358
12-23 months	77.8	90.6	702
Education			
None	77.3	95.8	70
Primary	77.3	90.8	117
Secondary (8th grade)	80.4	93.3	345
Secondary (10th grade)	76.5	91.3	413
Vocational	70.4	85.3	95
College, university	77.8	89.8	417
Wealth index quintiles			
Poorest	81.7	95.0	313
Second	81.8	91.1	322
Middle	71.5	90.4	272
Fourth	78.8	92.7	262
Richest	72.5	86.3	288
Total	77.5	91.1	1 457

* MICS indicator 45

Table NU.3: Breastfeeding
Percent of living children according to breastfeeding status at each age group, Mongolia, 2005

	Children 0-3 months		Children 0-5 months		Children 6-9 months		Children 12-15 months		Children 20-23 months	
	Percent exclusively breastfed	Number of children	Percent exclusively breastfed*	Number of children	Percent receiving breastmilk and solid/mushy food**	Number of children	Percent breastfed***	Number of children	Percent breastfed***	Number of children
Sex										
Male	71.7	113	58.4	209	57.0	126	78.5	112	65.8	111
Female	65.9	121	55.9	191	57.8	140	86.6	98	63.9	97
Region										
West	(58.1)	43	54.7	75	(50.0)	36	(90.0)	40	(55.9)	34
Khangai	69.7	52	59.0	82		70	(90.5)	41	(64.4)	44
Central	(72.4)	36	52.2	69	(56.4)	46	(75.8)	33	(61.2)	36
East	(*)	19	(55.6)	36	(*)	21	(*)	22	(71.7)	25
Ulaanbaatar	73.2	83	60.3	138	52.2	94	76.7	74	69.1	69
Residence										
Urban	66.3	131	55.1	222	56.3	157	77.3	120	65.1	127
Rural	71.8	102	59.8	178	59.0	109	89.0	90	64.6	81
Location										
Capital city	73.2	83	60.3	138	52.2	94	76.7	74	69.1	69
Aimag center	(54.3)	48	46.5	84	62.4	64	(78.2)	46	60.4	58
Soum center	(*)	23	(54.6)	42	(*)	19	(*)	21	(70.3)	27
Countryside	72.5	79	61.3	136	54.8	90	90.0	69	61.7	55
Mother's education										
None	(*)	14	(*)	22	(*)	13	(*)	9	(*)	8
Primary	(*)	21	(72.7)	33	(*)	18	(*)	23	(*)	12
Secondary (8th grade)	70.5	54	61.8	94	57.8	57	(86.6)	45	76.9	52
Secondary (10th grade)	64.1	64	55.0	102	57.3	73	80.5	67	61.9	63
Vocational	(*)	13	(53.4)	30	(*)	16	(*)	10	(*)	19
College, university	68.7	68	50.9	119	57.2	90	78.5	56	55.6	54
Wealth index quintiles										
Poorest	78.2	54	69.4	87	56.3	54	(90.5)	42	(57.4)	40
Second	(63.2)	46	56.7	83	49.8	52	(91.8)	49	(61.4)	39
Middle	(57.6)	40	42.7	75	(61.2)	44	(75.6)	41	(72.7)	44
Fourth	(70.5)	44	61.8	69	(63.1)	49	(79.9)	35	(79.6)	39
Richest	(70.8)	49	54.2	86	57.4	67	(72.1)	44	(54.4)	46
Total	68.7	234	57.2	400	57.4	266	82.3	210	64.9	208

* MICS indicator 15

** MICS indicator 17

*** MICS indicator 16

Table NU.4: Adequately fed infants
 Percentage of infants under 6 months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed and who ate solid/semi-solid food at least the minimum recommended number of times yesterday and percentage of infants adequately fed, Mongolia, 2005

	Percent of infants					Number of infants aged 0-11 months
	0-5 months exclusively breastfed	6-8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	9-11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	6-11 months who received breastmilk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	
Sex						
Male	58.4	31.8	12.2	22.4	41.4	396
Female	55.9	29.5	12.2	21.2	38.7	379
Region						
West	54.7	19.3	4.0	12.5	36.6	131
Khangai	59.0	43.4	14.3	30.5	43.8	176
Central	52.2	18.7	23.3	20.9	37.4	131
East	55.6	40.6	13.6	25.4	39.9	75
Ulaanbaatar	60.3	29.0	8.2	18.7	40.5	264
Residence						
Urban	55.1	30.0	11.9	21.4	38.6	434
Rural	59.8	31.6	12.5	22.3	41.8	341
Location						
Capital city	60.3	29.0	8.2	18.7	40.5	264
Aimag center	46.5	31.2	17.9	25.2	35.7	171
Soum center	54.6	46.6	13.5	30.0	44.4	71
Countryside	61.3	28.4	12.3	20.6	41.2	270
Mother's education						
None	63.5	37.2	37.7	37.5	(52.6)	38
Primary	72.7	26.7	17.9	23.0	50.8	59
Secondary (8th grade)	61.8	31.1	8.5	19.6	40.9	186
Secondary (10th grade)	55.0	31.9	12.7	22.8	39.1	202
Vocational	53.4	36.2	11.3	25.0	(42.0)	50
College, university	50.9	28.5	10.3	19.8	35.2	241
Wealth index quintiles						
Poorest	69.4	24.3	17.5	20.9	46.2	167
Second	56.7	30.5	17.2	24.2	41.4	156
Middle	42.7	40.5	3.1	21.5	32.8	141
Fourth	61.8	32.4	9.0	21.3	41.3	139
Richest	54.2	28.2	12.8	21.1	37.7	172
Total	57.2	30.7	12.2	21.8	40.0	775

* MICS indicator 18

** MICS indicator 19

Table NU.5: Iodized salt consumption

Percentage of households consuming adequately iodized salt, Mongolia, 2005

Region	Percent of households in which salt was tested	Number of households interviewed	Percent of households		Total	Number of households in which salt was tested or with no salt
			No salt	Salt test result		
			Iodized*	Not iodized		
Region						
West	97.5	1 001	0.1	57.7	42.2	977
Khangai	97.3	1 446	0.3	73.8	25.9	1 411
Central	99.8	1 104	0.0	87.9	12.1	1 102
East	98.6	506	0.0	90.5	9.5	499
Ulaanbaatar	98.1	2 163	0.1	96.8	3.1	2 124
Residence						
Urban	98.4	3 570	0.1	91.3	8.7	3 515
Rural	97.8	2 650	0.2	72.1	27.7	2 598
Location						
Capital city	98.1	2 163	0.1	96.8	3.1	2 124
Aimag center	98.9	1 406	0.0	82.7	17.3	1 391
Soum center	98.3	647	0.0	79.4	20.6	636
Countryside	97.7	2 003	0.3	69.8	30.0	1 962
Education of household head						
None	97.9	378	0.3	68.2	31.5	371
Primary	98.2	859	0.1	68.5	31.4	844
Secondary (8th grade)	98.0	1 633	0.1	80.8	19.0	1 602
Secondary (10th grade)	98.1	1 286	0.2	89.1	10.8	1 263
Vocational	98.7	636	0.0	86.1	13.9	628
College, university	98.3	1 429	0.1	91.8	8.1	1 405
Wealth index quintiles						
Poorest	97.0	1 185	0.2	61.9	37.9	1 151
Second	97.8	1 186	0.3	76.5	23.2	1 163
Middle	99.3	1 226	0.0	87.7	12.3	1 217
Fourth	99.3	1 257	0.1	92.6	7.4	1 249
Richest	97.5	1 367	0.1	94.2	5.7	1 334
Total	98.2	6 220	0.1	83.1	16.8	6 113

*MICS indicator 41

Table NU.5A: Knowledge and use of flour fortified by minerals and vitamins
 Percentage of households that have ever heard about flour that is fortified by minerals and vitamins, and percent distribution of households by use of enriched flour, Mongolia 2005

	Heard of fortified flour	Number of households	Use of fortified flour			Total	Number of households that have heard of fortified flour	
			Yes, always	Yes, occasionally	No DK			
Residence								
Urban	59.2	3 570	41.8	29.9	28.2	0.0	100.0	2 115
Rural	48.1	2 650	26.3	32.0	41.5	0.2	100.0	1 274
Regions								
West	31.3	1 001	7.3	19.6	72.8	0.3	100.0	313
Khangai	54.5	1 446	30.6	34.8	34.5	0.1	100.0	788
Central	64.7	1 104	30.6	33.2	36.2	0.0	100.0	714
East	54.1	506	40.9	28.8	29.9	0.4	100.0	273
Ulaanbaatar	60.1	2 163	48.1	29.9	22.0	0.0	100.0	1 300
Location								
Capital city	60.1	2 163	48.1	29.9	22.0	0.0	100.0	1 300
Aimag center	57.9	1 406	31.8	29.9	38.1	0.1	100.0	815
Soum center	53.2	647	27.1	26.8	46.1	0.0	100.0	344
Countryside	46.4	2 003	26.0	33.9	39.8	0.2	100.0	929
Education of household head								
None	35.5	378	25.3	31.1	43.7	0.0	100.0	134
Primary	42.9	859	30.6	32.7	36.7	0.0	100.0	369
Secondary (8th grade)	48.1	1 633	32.4	30.1	37.4	0.1	100.0	785
Secondary (10th grade)	59.1	1 286	34.9	34.2	30.9	0.0	100.0	760
Vocational	58.3	636	33.3	29.3	36.8	0.5	100.0	371
College, university	67.9	1 429	44.4	28.1	27.5	0.0	100.0	970
Wealth index quintiles								
Poorest	40.0	1 185	24.8	32.3	42.5	0.4	100.0	474
Second	48.9	1 186	26.2	32.1	41.7	0.0	100.0	580
Middle	53.4	1 226	31.8	30.8	37.4	0.0	100.0	654
Fourth	62.3	1 257	39.9	30.3	29.8	0.0	100.0	782
Richest	65.7	1 367	47.9	29.2	22.8	0.1	100.0	898
Total	54.5	6 220	36.0	30.7	33.2	0.1	100.0	3 389

Table NU.6: Children's vitamin A supplementation
Percent distribution of children aged 6-59 months by whether they received a high dose Vitamin A supplement in the last 6 months, Mongolia, 2005

	Percent of children who received Vitamin A:					Total	Number of children aged 6-59 months
	Within last 6 months*		Not sure when		Never received Vitamin A		
	Prior to last 6 months	Not sure when	Not sure if received Vitamin A	Never received Vitamin A			
Sex							
Male	65.8	15.9	3.6	0.7	13.9	100.0	1 632
Female	63.5	17.3	4.4	0.4	14.4	100.0	1 515
Region							
West	54.9	17.1	7.1	1.3	19.5	100.0	599
Khangai	61.3	19.9	4.5	0.3	14.1	100.0	750
Central	70.9	16.1	1.7	0.0	11.3	100.0	538
East	56.7	21.1	6.1	0.9	15.2	100.0	339
Ulaanbaatar	73.1	12.2	2.1	0.6	12.0	100.0	921
Residence							
Urban	69.5	14.1	3.3	0.6	12.6	100.0	1 634
Rural	59.6	19.3	4.7	0.6	15.9	100.0	1 513
Location							
Capital city	73.1	12.2	2.1	0.6	12.0	100.0	921
Aimag center	64.7	16.5	4.9	0.6	13.3	100.0	713
Soum center	66.6	19.9	5.2	0.6	7.8	100.0	345
Countryside	57.5	19.1	4.6	0.6	18.2	100.0	1 169
Age							
6-11 months	65.4	3.4	0.5	0.3	30.3	100.0	375
12-23 months	74.1	12.8	1.9	0.3	10.9	100.0	724
24-35 months	63.9	19.1	4.6	0.7	11.6	100.0	714
36-47 months	62.4	20.5	5.3	0.9	10.9	100.0	672
48-59 months	57.3	21.4	6.2	0.6	14.6	100.0	663
Mother's education							
None	52.9	19.9	4.3	1.4	21.4	100.0	139
Primary	58.4	17.6	5.6	0.4	18.0	100.0	264
Secondary (8th grade)	60.6	16.9	5.0	1.0	16.6	100.0	801
Secondary (10th grade)	66.8	16.7	3.1	0.5	12.8	100.0	921
Vocational	69.4	15.7	3.6	0.0	11.3	100.0	222
College, university	69.3	15.4	3.5	0.3	11.6	100.0	800
Wealth index quintiles							
Poorest	56.0	20.3	5.2	0.6	18.0	100.0	718
Second	61.6	18.4	4.6	0.5	14.9	100.0	755
Middle	66.9	16.5	3.4	1.0	12.1	100.0	613
Fourth	71.9	12.9	3.5	0.4	11.4	100.0	515
Richest	71.2	12.7	2.6	0.4	13.1	100.0	546
Total	64.7	16.6	4.0	0.6	14.2	100.0	3 147

* MICS indicator 42

Table NU.7: Post-partum mother's Vitamin A supplementation
 Percentage of women aged 15-49 years with a birth in the 2 last years preceding the survey whether they received a high dose Vitamin A supplement before the infant was 8 weeks old, Mongolia, 2005

	Received Vitamin A supplement*		Number of women aged 15-49 years
Region	Received Vitamin A supplement*	Not sure if received Vitamin A	Number of women aged 15-49 years
West	50.7	0.4	252
Khangai	57.3	0.6	322
Central	55.0	0.8	239
East	53.3	1.2	163
Ulaanbaatar	59.8	1.5	481
Residence			
Urban	58.0	1.1	801
Rural	53.9	0.7	656
Location			
Capital city	59.8	1.5	481
Aimag center	55.4	0.6	321
Soum center	65.6	1.9	157
Countryside	50.2	0.4	499
Education			
None	45.1	4.2	70
Primary	52.1	0.0	117
Secondary (8th grade)	54.6	0.3	345
Secondary (10th grade)	57.1	0.8	413
Vocational	46.5	3.2	95
College, University	61.7	0.9	417
Wealth index quintiles			
Poorest	51.0	0.3	313
Second	54.0	0.6	322
Middle	56.6	1.5	272
Fourth	62.9	0.4	262
Richest	57.6	2.1	288
Total	56.2	1.0	1 457

* MICS indicator 43

Table NU.8 : Low birth weight infants

Percentage of live births in the 2 years preceding the survey that weighed below 2500 grams at birth, Mongolia, 2005

	Percent of live births		Number of live births
	Below 2500 grams*	Weighed at birth**	
Region			
West	7.3	92.9	252
Khangai	4.6	99.1	322
Central	5.9	100.0	239
East	4.8	98.2	163
Ulaanbaatar	5.1	99.8	481
Residence			
Urban	4.9	99.4	801
Rural	6.1	97.0	656
Location			
Capital city	5.1	99.8	481
Aimag center	4.7	98.8	321
Soum center	6.1	94.3	157
Countryside	6.1	97.8	499
Mother's education			
None	10.1	95.8	70
Primary	6.4	93.3	117
Secondary (8th grade)	5.8	98.6	345
Secondary (10th grade)	4.8	99.0	413
Vocational	5.5	97.9	95
College, university	4.9	99.3	417
Wealth index quintiles			
Poorest	6.2	96.5	313
Second	5.0	99.1	322
Middle	6.1	96.7	272
Fourth	5.8	99.2	262
Richest	4.4	100.0	288
Total	5.5	98.3	1 457

* MICS Indicator 9

** MICS Indicator 10

Table CH.1: Vaccinations in first year of life
 Percentage of children aged 12-23 months immunized against childhood diseases at any time before the survey and before the first birthday, Mongolia, 2005

	Percentage of children who received:										Number of children aged 12-23 months	
	BCG*	DPT 1	DPT 2	DPT 3**	Polio 1	Polio 2	Polio 3***	Measles****	All*****	None		
Vaccinated before at any time before the survey												
<i>According to:</i>												
Vaccination card	79.7	76.7	77.6	76.3	79.8	78.8	76.3	73.7	67.4	0.0	724	
Mother's report	17.9	16.9	16.9	16.9	17.9	17.9	17.9	14.5	14.3	1.5	724	
Either	97.6	93.6	94.4	93.2	97.6	96.7	94.2	88.2	81.7	1.5	724	
Vaccinated by 12 months of age	97.6	92.6	93.6	92.0	97.1	95.7	93.0	76.1	67.5	1.5	724	

* MICS Indicator 25

** MICS Indicator 27

*** MICS Indicator 26

**** MICS Indicator 28 ; MDG Indicator 15

***** MICS Indicator 31

Table CH.2: Vaccinations by background characteristics
 Percentage of children aged 12-23 months currently vaccinated against childhood diseases, Mongolia, 2005

	Percentage of children who received:											Percent with health card	Number of children aged 12-23 months			
	BCG	DPT1	DPT2	DPT3	Polio 1	Polio 2	Polio 3	Measles	All	None						
Sex																
Male	97.1	93.9	93.6	92.1	97.4	95.5	92.9	87.1	80.8	1.8	81.1	381				
Female	98.2	93.3	95.3	94.4	97.9	97.9	95.6	89.4	82.7	1.2	79.8	342				
Region																
West	97.7	91.3	90.5	86.5	95.3	93.0	88.3	77.9	72.4	2.3	72.6	128				
Khangai	97.4	93.0	96.8	94.9	98.7	98.7	94.9	90.9	80.0	1.3	79.5	154				
Central	100.0	96.8	97.6	96.8	100.0	99.2	98.4	95.2	90.4	0.0	92.0	125				
East	94.3	90.9	92.0	92.0	96.6	95.5	92.2	77.7	69.9	2.3	88.9	89				
Ulaanbaatar	97.8	94.6	94.2	94.2	97.3	96.4	95.5	92.4	87.9	1.8	75.9	228				
Residence																
Urban	97.9	95.1	94.8	94.3	97.9	96.6	94.9	89.9	84.5	1.3	79.4	393				
Rural	97.3	91.9	94.0	91.8	97.3	96.7	93.4	86.1	78.3	1.8	81.7	331				
Location																
Capital city	97.8	94.6	94.2	94.2	97.3	96.4	95.5	92.4	87.9	1.8	75.9	228				
Aimag center	98.1	95.7	95.7	94.5	98.8	96.9	93.9	86.6	79.9	0.6	84.3	165				
Soum center	96.6	93.1	93.1	89.6	96.6	95.4	89.8	84.1	73.8	2.3	87.5	87				
Countryside	97.6	91.4	94.3	92.6	97.6	97.2	94.7	86.9	80.0	1.6	79.6	244				
Mother's education																
None	(96.9)	(87.5)	(93.7)	(93.7)	(96.9)	(96.9)	(96.9)	(87.5)	(81.3)	(3.1)	(81.1)	32				
Primary	96.7	90.1	93.4	91.7	96.7	95.0	91.7	89.9	79.9	3.3	85.2	61				
Secondary (8th grade)	98.3	94.3	94.9	92.0	97.7	96.0	93.3	87.7	81.0	0.6	81.4	177				
Secondary (10th grade)	98.6	94.5	95.0	93.6	98.2	97.3	94.1	86.6	80.2	0.4	82.2	220				
Vocational	(92.5)	(92.3)	(92.3)	(92.3)	(92.5)	(92.5)	(90.0)	(85.0)	(82.5)	(7.5)	(60.1)	40				
College, university	97.4	94.3	94.3	94.3	98.4	97.9	96.4	90.6	84.4	1.6	80.2	194				
Wealth index quintiles																
Poorest	98.7	92.8	94.1	92.1	98.7	98.1	96.1	88.1	81.0	1.3	75.9	152				
Second	97.2	92.6	93.7	92.5	97.1	94.8	92.6	84.7	79.6	1.7	80.0	175				
Middle	97.9	94.2	94.2	90.6	96.4	95.7	89.3	89.2	79.2	1.4	88.5	140				
Fourth	97.5	95.8	95.8	95.0	99.2	98.3	96.7	89.2	82.5	0.8	80.9	122				
Richest	97.0	93.2	94.7	96.2	97.0	97.0	97.0	90.9	87.1	2.3	77.4	134				
Total	97.6	93.6	94.4	93.2	97.6	96.7	94.2	88.2	81.7	1.5	80.5	724				

Table CH.3: Oral rehydration treatment
 Percentage of aged 0-59 months with diarrhoea in the last two weeks and treatment with oral rehydration solution (ORS) or other oral rehydration treatment (ORT), Mongolia, 2005

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who received:		ORT use rate*	Number of children aged 0-59 months with diarrhoea
			Fluid from ORS packet	Recommended homemade fluid		
Sex						
Male	7.3	1 842	38.9	25.3	58.2	134
Female	5.8	1 705	36.9	35.9	68.9	100
Region						
West	7.4	674	(24.0)	(32.0)	(52.0)	50
Khangai	8.7	832	43.8	34.2	69.9	72
Central	6.6	607	(35.0)	(27.6)	(60.1)	40
East	7.2	375	(40.8)	(40.8)	(77.7)	27
Ulaanbaatar	4.2	1 059	(45.5)	(15.9)	(56.8)	45
Residence						
Urban	4.9	1 856	41.2	22.3	57.9	91
Rural	8.4	1 691	36.1	34.7	65.9	143
Location						
Capital city	4.2	1 059	(45.5)	(15.9)	(56.8)	45
Aimag center	5.8	797	(37.0)	(28.4)	(58.9)	46
Soum center	8.2	386	(37.5)	(34.4)	(62.5)	32
Countryside	8.5	1 305	35.7	34.8	66.9	111
Age						
< 6 months	7.8	400	(32.5)	(25.8)	(51.8)	31
6-11 months	10.9	375	(53.7)	(22.0)	(73.3)	41
12-23 months	9.7	724	34.2	37.1	62.8	70
24-35 months	4.7	714	(44.1)	(14.6)	(58.7)	34
36-47 months	4.2	672	(32.0)	(46.3)	(71.2)	28
48-59 months	4.5	663	(30.2)	(29.8)	(56.7)	30
Mother's education						
None	12.3	161	(*)	(*)	(*)	20
Primary	8.0	297	(*)	(*)	(*)	24
Secondary (8th grade)	6.6	895	32.1	27.1	57.5	59
Secondary (10th grade)	5.7	1 023	38.9	30.5	64.3	59
Vocational	6.7	252	(*)	(*)	(*)	17
College, university	6.0	919	47.4	29.0	69.1	55
Wealth index quintiles						
Poorest	8.4	805	33.8	32.3	61.8	67
Second	7.1	838	31.5	34.9	63.1	60
Middle	6.5	688	(44.4)	(28.8)	(64.3)	45
Fourth	5.2	584	(36.8)	(26.7)	(63.5)	30
Richest	5.0	632	(51.7)	(19.5)	(61.4)	31
Total	6.6	3 547	38.0	29.9	62.8	234

* MICS Indicator 33

Table CH.4: Home management of diarrhoea
 Percentage of children aged 0-59 months with diarrhoea in the last two weeks who took increased fluids and continued to feed during the episode, Mongolia, 2005

	Had diarrhoea in last two weeks	Number of children aged 0-59 months	Children with diarrhoea who:				Home management of diarrhoea*	Received ORT or increased fluids AND continued feeding**	Number of children aged 0-59 months with diarrhoea
			Drank more	Drank the same or less	Ate somewhat less, same or more	Ate much less or none			
Sex									
Male	7.3	1 842	33.6	64.9	71.0	23.9	45.5	134	
Female	5.8	1 705	32.0	66.1	73.1	17.0	47.9	100	
Region									
West	7.4	674	(34.0)	(62.0)	(66.0)	(20.0)	(38.0)	50	
Khangai	8.7	832	34.2	63.0	61.6	17.8	46.6	72	
Central	6.6	607	(35.1)	(64.9)	(85.0)	(30.1)	(52.6)	40	
East	7.2	375	(25.7)	(74.3)	(70.5)	(14.6)	(55.4)	27	
Ulaanbaatar	4.2	1 059	(31.8)	(68.2)	(84.1)	(22.7)	(45.5)	45	
Residence									
Urban	4.9	1 856	27.8	70.0	78.9	17.8	42.3	91	
Rural	8.4	1 691	36.1	62.5	67.4	23.0	49.3	143	
Location									
Capital city	4.2	1 059	(31.8)	(68.2)	(84.1)	(22.7)	(45.5)	45	
Aimag center	5.8	797	(23.9)	(71.8)	(73.9)	(13.0)	(39.2)	46	
Soum center	8.2	386	(50.2)	(46.7)	(53.3)	(31.4)	(40.8)	32	
Countryside	8.5	1 305	32.1	67.0	71.4	20.5	51.7	111	
Age									
0-11 months	9.3	775	36.2	59.6	79.2	23.7	51.5	72	
12-23 months	9.7	724	25.6	74.4	70.2	15.7	44.3	70	
24-35 months	4.7	714	(35.1)	(64.9)	(70.7)	(20.6)	(41.1)	34	
36-47 months	4.2	672	(46.3)	(50.2)	(71.5)	(39.2)	(60.5)	28	
48-59 months	4.5	663	(26.8)	(73.2)	(60.1)	(10.1)	(33.3)	30	
Mother's education									
None	12.3	161	(*)	(*)	(*)	(*)	(*)	20	
Primary	8.0	297	(*)	(*)	(*)	(*)	(*)	24	
Secondary (8th grade)	6.6	895	23.7	76.3	66.1	13.4	38.7	59	
Secondary (10th grade)	5.7	1 023	40.6	57.7	76.4	28.9	50.9	59	
Vocational	6.7	252	(*)	(*)	(*)	(*)	(*)	17	
College, university	6.0	919	36.4	61.8	74.7	25.5	52.8	55	
Wealth index quintiles									
Poorest	8.4	805	29.4	69.1	70.6	19.2	47.1	67	
Second	7.1	838	35.0	63.4	63.4	16.6	39.8	60	
Middle	6.5	688	(33.3)	(62.3)	(75.6)	(24.4)	(50.9)	45	
Fourth	5.2	584	(43.4)	(56.6)	(67.0)	(23.6)	(43.6)	30	
Richest	5.0	632	(25.8)	(74.2)	(90.3)	(25.8)	(55.0)	31	
Total	6.6	3 547	32.9	65.4	71.9	20.9	46.6	234	

* MICS indicator 34

** MICS indicator 35

Table CH.5: Care seeking for suspected pneumonia
Percentage of children aged 0-59 months in the last two weeks taken to a health provider, Mongolia, 2005

	Had acute respiratory infection	Number of children aged 0-59 months	Children with suspected pneumonia who were taken to:											Any appropriate provider*	Number of children aged 0-59 months with suspected pneumonia		
			Public sources					Private sources									
			Govt. hospital centre	Govt. health centre	Family doctor	Bagh doctor	Mobile/outreach clinic	Other public	Private hospital clinic	Private physician	Relative or friend	Traditional practitioner					
Sex																	
Male	9.7	1 842	4.5	2.8	30.7	22.8	0.6	1.7	0.6	0.6	0.6	0.6	5.1	0.0	62.6	178	
Female	8.0	1 705	5.2	1.5	24.5	31.4	0.0	1.5	1.5	0.0	0.0	0.0	8.8	1.5	62.5	136	
Region																	
West	8.4	674	8.7	3.5	12.2	36.9	0.0	1.7	0.0	0.0	0.0	0.0	3.5	0.0	61.4	57	
Khargai	12.3	832	5.8	2.9	12.6	41.3	0.0	0.0	1.0	0.0	0.0	0.0	5.8	1.0	59.6	103	
Central	6.6	607	(5.0)	(0.0)	(17.3)	(35.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(12.4)	(0.0)	(57.5)	40	
East	6.6	375	(0.0)	(0.0)	(29.0)	(19.7)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(4.2)	(0.0)	(48.6)	25	
Ulaanbaatar	8.5	1 059	2.3	2.3	60.2	1.1	1.1	4.5	2.3	1.1	1.1	8.0	1.1	72.7	90		
Residence																	
Urban	8.2	1 856	6.6	3.9	53.8	3.3	0.7	3.3	2.0	0.7	0.7	7.9	1.3	70.3	152		
Rural	9.5	1 691	3.1	0.6	3.7	48.5	0.0	0.0	0.0	0.0	0.0	5.5	0.0	55.3	161		
Location																	
Capital city	8.5	1 059	2.3	2.3	60.2	1.1	1.1	4.5	2.3	1.1	1.1	8.0	1.1	72.7	90		
Aimag center	7.9	797	12.7	6.3	44.6	6.3	0.0	1.6	1.6	0.0	0.0	7.9	1.6	66.8	63		
Soum center	7.2	386	(0.0)	(0.0)	(7.1)	(71.5)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(75.0)	28	
Countryside	10.2	1 305	3.7	0.7	3.0	43.7	0.0	0.0	0.0	0.0	0.0	6.7	0.0	51.2	133		
Age																	
0-11 months	8.6	775	1.5	4.5	28.7	32.6	0.0	3.0	1.5	1.5	1.5	2.9	0.0	68.8	67		
12-23 months	10.0	724	7.0	0.0	36.6	22.0	1.4	1.4	1.4	0.0	0.0	4.1	1.4	68.3	72		
24-35 months	10.4	714	8.0	4.1	28.6	25.5	0.0	1.4	1.4	0.0	0.0	8.2	1.3	66.2	74		
36-47 months	8.1	672	3.6	0.0	11.0	37.9	0.0	1.9	0.0	0.0	0.0	9.2	0.0	52.6	55		
48-59 months	6.9	663	(2.2)	(2.2)	(32.9)	(13.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(10.9)	(0.0)	(50.2)	46		
Mother's education																	
None	11.7	161	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	19	
Primary	9.7	297	(0.0)	(0.0)	(10.5)	(17.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(20.7)	(0.0)	(27.6)	29		
Secondary (8th grade)	9.2	895	4.9	2.4	23.2	30.0	0.0	2.4	1.2	0.0	0.0	4.8	0.0	59.3	83		
Secondary (10th grade)	8.7	1 023	4.5	1.1	32.9	27.8	1.1	2.3	0.0	0.0	0.0	4.5	0.0	69.8	89		
Vocational	8.7	252	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	22	
College, university	7.9	919	4.1	4.2	40.5	17.8	0.0	1.4	2.8	0.0	0.0	9.7	1.4	66.6	72		
Wealth index quintiles																	
Poorest	10.2	805	6.0	1.2	1.2	38.5	0.0	0.0	0.0	0.0	0.0	8.4	0.0	47.0	82		
Second	8.3	838	0.0	2.9	24.6	37.0	0.0	0.0	1.4	1.5	1.5	4.3	1.4	63.0	70		
Middle	10.3	688	5.6	1.4	32.6	26.6	0.0	5.7	0.0	0.0	0.0	7.1	0.0	70.5	71		
Fourth	7.4	584	(4.7)	(2.3)	(53.7)	(16.1)	(2.3)	(0.0)	(0.0)	(0.0)	(0.0)	(7.0)	(0.0)	(76.8)	43		
Richest	7.5	632	(8.4)	(4.2)	(49.1)	(0.0)	(0.0)	(2.1)	(4.3)	(0.0)	(0.0)	(6.4)	(2.1)	(63.9)	47		
Total	8.8	3 547	4.8	2.2	28.0	26.5	0.3	1.6	1.0	0.3	0.3	6.7	0.6	62.6	313		

* MICS indicator 23

Table CH.6: Antibiotic treatment of pneumonia
 Percentage of children aged 0-59 months with suspected pneumonia who received antibiotic treatment, Mongolia, 2005

	Percentage of children aged 0-59 months with suspected pneumonia who received antibiotics in the last two weeks*	Number of children aged 0-59 months with suspected pneumonia in the two weeks prior to the survey
Sex		
Male	72.5	178
Female	69.1	136
Region		
West	82.5	57
Khangai	63.4	103
Central	(75.0)	40
East	(68.3)	25
Ulaanbaatar	71.6	90
Residence		
Urban	71.5	152
Rural	70.6	161
Location		
Capital city	71.6	90
Aimag center	71.5	63
Soum center	(78.7)	28
Countryside	68.9	133
Age		
0-11 months	73.0	67
12-23 months	73.7	72
24-35 months	67.7	74
36-47 months	76.4	55
48-59 months	(63.2)	46
Mother's education		
None	(63.1)	19
Primary	(55.2)	29
Secondary (8th grade)	72.3	83
Secondary (10th grade)	76.5	89
Vocational	(72.5)	22
College, university	70.9	72
Wealth index quintiles		
Poorest	62.7	82
Second	71.4	70
Middle	69.0	71
Fourth	(81.3)	43
Richest	(78.7)	47
Total	71.1	313

* MICS indicator 22

Table CH.6A: Knowledge of the two danger signs of pneumonia
 Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, Mongolia, 2005

Region	Percentage of mother/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:										Mothers/caretakers who recognize the two danger signs of pneumonia	Number of mothers/caretakers of children aged 0-59 months
	Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has other symptoms				
Region												
West	14.6	37.1	86.4	22.8	27.5	20.4	4.1	17.0	10.2	674		
Khangai	17.0	24.6	85.5	15.3	25.8	13.6	5.3	27.4	4.1	832		
Central	15.3	35.8	85.1	26.6	25.0	18.4	5.4	28.1	12.3	607		
East	9.5	37.1	91.2	21.0	14.0	9.9	1.3	19.2	7.4	375		
Ulaanbaatar	12.1	45.3	83.5	21.3	21.3	12.0	2.1	19.4	8.1	1 059		
Residence												
Urban	12.9	43.2	83.8	21.5	21.0	14.2	2.9	21.0	7.9	1 856		
Rural	15.2	28.9	87.6	20.5	26.0	15.6	4.6	23.7	8.5	1 691		
Location												
Capital city	12.1	45.3	83.5	21.3	21.3	12.0	2.1	19.4	8.1	1 059		
Aimag center	14.0	40.4	84.3	21.8	20.6	17.1	4.0	23.1	7.7	797		
Soum center	17.2	32.3	89.0	23.1	27.8	19.5	4.9	19.7	10.8	386		
Countryside	14.6	27.9	87.1	19.8	25.5	14.4	4.6	24.9	7.8	1 305		
Education												
None	16.0	21.0	86.4	23.5	26.5	19.2	3.1	25.9	8.0	161		
Primary	13.0	29.5	90.0	21.8	27.8	12.4	3.7	20.3	7.1	297		
Secondary (8th grade)	13.3	34.1	86.5	20.8	23.2	15.1	4.0	21.7	7.3	895		
Secondary (10th grade)	15.0	39.3	86.1	21.4	23.9	15.4	3.5	19.2	9.4	1 023		
Vocational	13.1	33.4	84.5	21.9	22.6	13.1	2.4	28.9	8.0	252		
College, university	13.6	41.2	82.9	20.1	21.3	14.6	4.2	24.4	8.3	919		
Wealth index quintiles												
Poorest	14.3	26.5	87.8	17.8	25.3	14.7	3.4	23.9	6.1	805		
Second	14.7	32.6	86.8	22.5	23.5	15.1	4.4	21.6	9.0	838		
Middle	12.4	41.0	85.3	23.4	25.0	16.3	2.8	19.8	10.2	688		
Fourth	13.1	44.8	86.9	21.6	23.3	15.5	4.8	22.4	8.1	584		
Richest	15.3	41.3	80.4	20.4	19.3	12.5	3.3	23.7	7.8	632		
Total	14.0	36.4	85.6	21.1	23.4	14.9	3.7	22.3	8.2	3 547		

Table CH.7: Fuel use
Percent distribution of households according to type of cooking fuel, and percentage of households used solid fuels for cooking, Mongolia, 2005

Region	Percentage of households using:							Total	Solid fuels for cooking*	Number of households
	Electricity, liquid propane gas	Coal, lignite, charcoal	Wood, sawdust	Straw, shrubs, grass, agri. crop residue, other	Animal dung	Total	Solid fuels for cooking*			
West	5.5	15.0	32.4	5.6	41.5	100.0	93.2	1 001		
Khangai	9.9	0.3	57.6	1.1	31.0	100.0	89.7	1 446		
Central	20.5	10.6	35.2	1.2	32.5	100.0	79.5	1 104		
East	18.9	9.2	28.6	0.2	43.1	100.0	81.1	506		
Ulaanbaatar	42.6	41.5	15.4	0.0	0.5	100.0	57.4	2 163		
Residence										
Urban	39.1	31.3	25.5	0.3	3.9	100.0	60.9	3 570		
Rural	1.8	3.8	42.0	2.9	49.5	100.0	97.6	2 650		
Location										
Capital city	42.6	41.5	15.4	0.0	0.5	100.0	57.4	2 163		
Aimag center	33.7	15.5	41.1	0.7	9.1	100.0	66.1	1 406		
Soum center	5.3	12.0	48.7	1.4	32.6	100.0	94.4	647		
Countryside	0.7	1.2	39.9	3.3	55.0	100.0	98.7	2 003		
Education of household head										
None	4.8	13.3	34.1	2.1	45.7	100.0	94.7	378		
Primary	4.8	13.6	35.9	2.8	42.9	100.0	94.5	859		
Secondary (8th grade)	8.0	18.4	40.1	2.7	30.8	100.0	91.6	1 633		
Secondary (10th grade)	25.6	25.1	34.1	0.2	15.0	100.0	74.3	1 286		
Vocational	19.1	25.8	34.7	0.5	20.0	100.0	80.9	636		
College, university	56.1	18.4	19.1	0.3	6.1	100.0	43.7	1 429		
Wealth index quintiles										
Poorest	0.0	0.5	36.7	4.1	58.7	100.0	99.0	1 185		
Second	0.0	10.8	44.5	2.2	42.6	100.0	99.5	1 186		
Middle	0.2	35.6	48.8	0.6	14.7	100.0	99.8	1 226		
Fourth	7.9	51.0	35.6	0.2	5.3	100.0	92.1	1 257		
Richest	98.0	0.5	1.2	0.1	0.2	100.0	2.0	1 367		
Total	23.2	19.6	32.6	1.4	23.3	100.0	76.5	6 220		

* MICS indicator 24; MDG indicator 29

Note: Small percentages of the following types of cooking fuel are added to the relevant categories, including 0.3 percent of households using liquid propane gas, 0.2 percent charcoal, 0.5 percent sawdust, and 0.3 percent other types of cooking fuel.

Table CH.8: Solid fuel use by type of stove or fire
 Percent of households using solid fuels for cooking by type of stove or fire, Mongolia, 2005

	Percentage of households using solid fuels for cooking:			Total	Number of households using solid fuels for cooking
	Closed stove with chimney	Open stove or fire with no chimney or hood	Other stove		
Region					
West	99.2	0.8	0.0	100.0	928
Khangai	98.9	1.1	0.0	100.0	1 294
Central	99.5	0.3	0.1	100.0	878
East	98.8	1.2	0.0	100.0	410
Ulaanbaatar	98.9	1.1	0.0	100.0	1 221
Residence					
Urban	99.0	1.0	0.0	100.0	2 146
Rural	99.2	0.8	0.0	100.0	2 585
Location					
Capital city	98.9	1.1	0.0	100.0	1 221
Aimag center	99.0	1.0	0.0	100.0	925
Soum center	98.9	1.0	0.2	100.0	608
Countryside	99.3	0.7	0.0	100.0	1 977
Education of household head					
None	99.5	0.5	0.0	100.0	358
Primary	99.0	1.0	0.0	100.0	805
Secondary (8th grade)	99.1	0.9	0.0	100.0	1 489
Secondary (10th grade)	98.8	1.2	0.0	100.0	946
Vocational	99.0	1.0	0.0	100.0	512
College, university	99.4	0.5	0.2	100.0	621
Wealth index quintiles					
Poorest	99.2	0.8	0.0	100.0	1 172
Second	99.2	0.8	0.0	100.0	1 172
Middle	99.2	0.8	0.0	100.0	1 212
Fourth	98.8	1.2	0.0	100.0	1 148
Richest	(96.4)	(0.0)	(3.6)	(100.0)	28
Total	99.1	0.9	0.0	100.0	4 731

Table CH.9: Source and cost of supplies for antibiotics

Percent distribution of children aged 0-59 months with suspected pneumonia during the two weeks preceding the survey by source of antibiotics for treatment of pneumonia, and median cost of antibiotics for those paying for the antibiotics, by type of source of antibiotics, Mongolia, 2005

	Source of antibiotics		Total	Number children with suspected pneumonia in prior 2 weeks who received antibiotics	Median cost for those not free, in tugrug	
	Public*	Private			Public**	Private**
	Others					
Sex						
Male	30.8	66.1	3.1	129	1 024.3	1 426.0
Female	37.0	58.7	4.2	94	1 354.4	1 331.6
Region						
West	(44.7)	(48.9)	(6.4)	47	1 250.1	1 500.0
Khangai	50.0	45.5	4.5	65	1 200.0	1 000.0
Central	(20.0)	(73.3)	(6.7)	30	600.0	652.1
East	(*)	(*)	(*)	17	1 043.2	2 000.0
Ulaanbaatar	9.5	90.5	0.0	64	3 500.0	1 900.0
Residence						
Urban	15.7	84.3	0.0	109	1 306.8	1 500.0
Rural	50.4	42.6	7.0	114	1 049.5	1 000.0
Location						
Capital city	9.5	90.5	0.0	64	3 500.0	1 900.0
Aimag center	(24.5)	(75.5)	(0.0)	45	1 040.1	1 400.0
Soum center	(*)	(*)	(*)	22	1 504.9	1 901.3
Countryside	51.6	40.9	7.6	92	975.2	891.0
Mother's education						
None	(*)	(*)	(*)	12	2 000.0	1 754.1
Primary	(*)	(*)	(*)	16	672.0	551.7
Secondary (8th grade)	43.1	48.5	8.4	60	1 000.0	1 318.0
Secondary (10th grade)	32.2	67.8	0.0	68	947.5	1 105.7
Vocational	(*)	(*)	(*)	16	1 758.4	1 500.0
College, university	11.7	86.4	1.9	51	1 758.9	1 682.5
Wealth index quintiles						
Poorest	63.5	32.7	3.9	51	1 050.7	600.0
Second	(37.8)	(58.2)	(4.0)	50	1 031.7	1 200.0
Middle	(28.5)	(63.4)	(8.1)	49	1 604.8	1 105.7
Fourth	(17.0)	(83.0)	(0.0)	35	2 002.1	1 500.0
Richest	(8.1)	(91.9)	(0.0)	37	1 000.0	2 000.0
Total	33.4	63.0	3.6	223	1 150.9	1 400.0

* MICS indicator 96

** MICS indicator 97

Table CH.10: Source and cost of supplies for oral rehydration salts

Percent distribution of children aged 0-59 months with diarrhoea during the two weeks preceding the survey by source of oral rehydration salts for treatment of diarrhoea, percentage of children aged 0-59 months with diarrhoea during the two weeks preceding the survey for whom oral rehydration salts were obtained for free, and median cost of oral rehydration salts for those paying for the oral rehydration salts, by type of source of oral rehydration salts, Mongolia, 2005

	Source of oral rehydration salts			Total	Number of children with diarrhoea in prior 2 weeks who received oral rehydration salts	Percentage free		Median cost for those not free, in tugrug	
	Public*	Private	Others			Public	Private	Public**	Private**
Sex									
Male	51.6 (50.9)	44.5 (43.7)	3.9 (5.4)	100.0 (100.0)	52	48.2	0.0	231.0	300.0
Female					37	52.7	0.0	426.6	375.6
Region									
West	(*)	(*)	(*)	(*)	12	30.0	0.0	450.1	650.3
Khangai	(71.9)	(21.9)	(6.2)	(100.0)	32	60.8	0.0	150.3	300.4
Central	(*)	(*)	(*)	(*)	14	50.0	0.0	175.0	201.1
East	(*)	(*)	(*)	(*)	11	43.8	0.0	255.3	350.7
Ulaanbaatar	(*)	(*)	(*)	(*)	20	.	0.0	.	350.0
Residence									
Urban	(21.4)	(75.8)	(2.8)	(100.0)	37	62.8	0.0	150.3	350.0
Rural	73.0	21.2	5.8	100.0	51	47.3	0.0	325.9	252.2
Location									
Capital city	(*)	(*)	(*)	(*)	20	.	0.0	.	350.0
Aimag center	(*)	(*)	(*)	(*)	17	62.8	0.0	150.3	350.0
Soum center	(*)	(*)	(*)	(*)	12	42.6	0.0	370.7	300.7
Countryside	(77.5)	(17.6)	(5.0)	(100.0)	40	48.4	0.0	326.4	202.3
Mother's education									
None	(*)	(*)	(*)	(*)	6	74.6	0.0	200.0	454.0
Primary	(*)	(*)	(*)	(*)	8	59.8	0.0	1 400.0	200.0
Secondary (8th grade)	(*)	(*)	(*)	(*)	19	66.9	0.0	240.2	224.8
Secondary (10th grade)	(*)	(*)	(*)	(*)	23	30.6	0.0	375.4	349.2
Vocational	(*)	(*)	(*)	(*)	7	25.1	0.0	149.6	350.0
College, university	(30.4)	(65.8)	(3.8)	(100.0)	26	50.5	0.0	149.8	351.5
Wealth index quintiles									
Poorest	(*)	(*)	(*)	(*)	23	49.9	0.0	476.0	203.7
Second	(*)	(*)	(*)	(*)	19	50.1	0.0	266.2	120.0
Middle	(*)	(*)	(*)	(*)	20	33.6	0.0	150.0	250.0
Fourth	(*)	(*)	(*)	(*)	11	100.0	0.0	.	325.3
Richest	(*)	(*)	(*)	(*)	16	0.0	0.0	150.0	400.0
Total	51.3	44.2	4.5	100.0	89	50.1	0.0	251.0	350.0

* MICS indicator 96

** MICS indicator 97

Table EN.1: Use of improved water sources
 Percent distribution of household population according to main source of drinking water and percentage of household members using improved drinking water sources, Mongolia, 2005

Region	Main source of drinking water										Improved source of drinking water*	Total	Number of household members
	Improved sources					Unimproved sources							
	Piped into dwelling, yard or plot	Public tap, standpipe, protected or pumped well	Protected spring	Rain, snow water collection	Unprotected well	Unprotected spring	Tanker-truck	Surface water	Other				
West	5.4	40.4	2.0	4.4	3.7	4.9	3.2	36.0	0.1	100.0	52.2	4 487	
Khangai	8.8	40.4	2.6	1.9	9.6	6.2	3.1	26.8	0.6	100.0	53.7	6 299	
Central	18.4	41.2	4.5	0.6	25.2	2.9	1.2	6.1	0.0	100.0	64.7	4 419	
East	19.0	54.1	2.9	1.9	3.0	3.2	1.9	13.9	0.0	100.0	78.0	2 295	
Ulaanbaatar	35.7	57.0	2.4	0.0	0.2	0.1	4.1	0.2	0.2	100.0	95.1	9 214	
Residence													
Urban	33.5	55.2	2.3	0.0	2.6	0.2	4.6	1.4	0.2	100.0	91.0	15 240	
Rural	2.0	37.1	3.4	3.4	13.7	6.8	1.0	32.2	0.3	100.0	45.9	11 473	
Location													
Capital city	35.7	57.0	2.4	0.0	0.2	0.1	4.1	0.2	0.2	100.0	95.1	9 214	
Aimag center	30.1	52.5	2.0	0.1	6.2	0.5	5.4	3.2	0.1	100.0	84.6	6 026	
Soum center	5.4	52.6	3.4	0.4	7.5	2.7	3.3	24.6	0.1	100.0	61.8	2 887	
Countryside	0.9	31.9	3.4	4.4	15.9	8.2	0.2	34.8	0.3	100.0	40.6	8 586	
Education of household head													
None	5.3	44.3	3.5	4.4	11.2	5.0	2.1	24.0	0.3	100.0	57.4	1 546	
Primary	4.8	43.7	3.4	3.6	11.1	6.0	2.1	24.8	0.5	100.0	55.5	3 767	
Secondary (8th grade)	6.8	51.6	3.3	1.8	9.1	4.5	3.8	19.0	0.2	100.0	63.4	7 360	
Secondary (10th grade)	22.2	52.2	2.4	0.4	5.7	1.2	3.3	12.3	0.3	100.0	77.2	5 483	
Vocational	15.3	56.2	2.9	0.7	8.0	3.3	3.8	9.4	0.3	100.0	75.1	2 841	
College, university	51.1	36.5	1.7	0.3	3.0	0.4	2.3	4.6	0.0	100.0	89.6	5 716	
Wealth index quintiles													
Poorest	0.0	25.7	2.2	5.8	15.0	9.4	0.2	41.3	0.5	100.0	33.7	5 339	
Second	0.2	54.9	4.5	1.5	10.1	4.3	2.4	21.9	0.2	100.0	61.1	5 349	
Middle	0.1	74.6	4.2	0.0	7.0	1.3	5.0	7.7	0.2	100.0	78.8	5 341	
Fourth	2.6	79.9	2.6	0.0	4.7	0.4	7.1	2.4	0.3	100.0	85.1	5 342	
Richest	97.0	2.2	0.3	0.0	0.0	0.0	0.5	0.0	0.0	100.0	99.5	5 342	
Total	20.0	47.4	2.8	1.5	7.4	3.1	3.0	14.7	0.2	100.0	71.6	26 713	

* MICS indicator 11; MDG indicator 30

Table EN.2: Household water treatment
 Percentage distribution of household population according to drinking water treatment method used in the household and percentage of household members that applied an appropriate water treatment method, Mongolia, 2005

Region	Water treatment method used in the household				All drinking water sources:		Improved drinking water sources:		Unimproved drinking water sources:		
	Boil	Add bleach/chlorine	Strain through a cloth	Use water filter	Other	Appropriate water treatment method *	Number of household members	Appropriate water treatment method	Number of household members	Appropriate water treatment method	Number of household members
West	90.7	1.0	9.5	0.5	0.4	91.6	4 487	92.8	2 341	90.4	2 146
Khangai	97.5	0.1	2.9	0.6	0.1	98.0	6 299	97.8	3 379	98.2	2 919
Central	96.6	0.9	1.1	1.8	0.1	98.9	4 419	99.2	2 859	98.4	1 560
East	99.4	0.0	0.0	0.8	0.0	100.0	2 295	100.0	1 789	100.0	506
Ulaanbaatar	94.6	1.0	0.1	5.1	0.1	99.8	9 214	99.8	8 766	100.0	447
Residence											
Urban	95.4	0.9	0.5	3.9	0.2	99.5	15 240	99.5	13 867	98.7	1 373
Rural	95.2	0.4	5.2	0.3	0.0	95.8	11 473	95.8	5 268	95.7	6 206
Location											
Capital city	94.6	1.0	0.1	5.1	0.1	99.8	9 214	99.8	8 766	100.0	447
Aimag center	96.8	0.8	1.0	2.0	0.4	98.9	6 026	99.1	5 100	98.1	925
Soum center	96.9	0.5	3.4	0.9	0.1	97.8	2 887	98.0	1 783	97.4	1 104
Countryside	94.7	0.3	5.8	0.2	0.0	95.1	8 586	94.7	3 484	95.3	5 102
Education of household head											
None	95.4	0.3	5.9	0.2	0.0	95.7	1 546	96.3	888	94.9	658
Primary	94.5	0.5	5.0	0.5	0.1	95.3	3 767	95.8	2 091	94.7	1 676
Secondary (8th grade)	96.7	0.6	2.8	0.4	0.1	97.6	7 360	98.3	4 666	96.3	2 694
Secondary (10th grade)	97.0	0.6	1.4	2.0	0.0	99.1	5 483	99.5	4 231	97.7	1 252
Vocational	96.3	1.4	1.6	1.3	0.4	98.8	2 841	99.3	2 135	97.6	707
College, university	92.1	0.8	1.1	7.5	0.3	98.9	5 716	99.1	5 123	97.0	593
Wealth index quintiles											
Poorest	94.1	0.1	6.4	0.1	0.0	94.2	5 339	91.8	1 797	95.4	3 542
Second	96.7	0.8	3.4	0.1	0.1	97.5	5 349	98.2	3 268	96.5	2 081
Middle	97.2	1.0	1.6	0.3	0.2	98.6	5 341	99.0	4 210	96.9	1 131
Fourth	96.8	1.4	0.9	1.8	0.2	99.3	5 342	99.4	4 544	98.4	798
Richest	91.9	0.1	0.1	9.6	0.2	99.8	5 342	99.8	5 316	100.0	26
Total	95.3	0.7	2.5	2.4	0.1	97.9	26 713	98.5	19 134	96.2	7 579

* MICS indicator 13

Table EN.3: Time to source of water
Percent distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, Mongolia, 2005

Region	Time to source of drinking water					Total	Mean time to source of drinking water (excluding those on premises)	Number of households
	Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more			
Region								
West	5.8	36.1	19.9	22.3	15.7	100.0	35.7	1 001
Khangai	9.7	33.9	22.6	20.0	13.8	100.0	30.5	1 446
Central	19.5	27.3	18.0	21.4	13.7	100.0	34.4	1 104
East	19.8	15.4	25.3	26.6	12.8	100.0	34.4	506
Ulaanbaatar	39.0	20.1	20.0	16.2	4.6	100.0	23.8	2 163
Residence								
Urban	36.5	25.6	19.9	14.5	3.4	100.0	20.8	3 570
Rural	2.1	28.4	21.7	26.9	20.8	100.0	39.4	2 650
Location								
Capital city	39.0	20.1	20.0	16.2	4.6	100.0	23.8	2 163
Aimag center	32.6	34.0	19.7	12.0	1.6	100.0	16.6	1 406
Soum center	5.7	30.1	25.5	29.6	9.1	100.0	24.6	647
Countryside	1.0	27.8	20.6	26.1	24.5	100.0	43.9	2 003
Education of household head								
None	4.8	26.0	24.5	26.0	18.7	100.0	38.0	378
Primary	4.7	26.1	21.3	26.5	21.0	100.0	42.3	859
Secondary (8th grade)	7.4	33.4	23.4	24.0	11.8	100.0	28.9	1 633
Secondary (10th grade)	23.6	27.2	23.2	17.6	8.5	100.0	27.2	1 286
Vocational	17.0	32.1	20.3	20.4	10.2	100.0	27.8	636
College, university	53.6	17.2	14.2	11.1	3.9	100.0	24.2	1 429
Wealth index quintiles								
Poorest	0.0	26.6	20.0	24.6	28.8	100.0	49.9	1 185
Second	0.1	29.7	27.4	27.8	14.8	100.0	30.8	1 186
Middle	0.1	40.3	28.9	24.7	6.0	100.0	21.3	1 226
Fourth	2.3	38.8	28.8	23.7	6.4	100.0	21.8	1 257
Richest	97.1	1.2	0.7	0.7	0.2	100.0	20.3	1 367
Total	21.8	26.8	20.7	19.8	10.8	100.0	30.7	6 220

Table EN.4: Person collecting water
Percent distribution of households according to the person collecting water used in the household, Mongolia, 2005

Region	Person collecting drinking water						Total	Number of households
	Adult woman	Adult man	Female child under age 15	Male child under age 15	DK			
West	38.5	45.5	6.1	9.9	0.0	100.0	943	
Khangai	32.4	47.2	7.2	13.1	0.0	100.0	1 305	
Central	28.4	54.2	6.4	11.0	0.0	100.0	888	
East	36.5	43.4	7.8	12.4	0.0	100.0	406	
Ulaanbaatar	27.4	50.6	6.2	15.6	0.2	100.0	1 321	
Residence								
Urban	30.5	44.8	7.4	17.2	0.1	100.0	2 268	
Rural	33.0	52.2	6.0	8.8	0.0	100.0	2 594	
Location								
Capital city	27.4	50.6	6.2	15.6	0.2	100.0	1 321	
Aimag center	34.7	36.7	9.0	19.5	0.0	100.0	948	
Soum center	26.4	47.0	9.9	16.6	0.0	100.0	610	
Countryside	35.1	53.8	4.7	6.4	0.0	100.0	1 984	
Education of household head								
None	46.6	39.8	6.9	6.6	0.0	100.0	360	
Primary	34.3	54.2	3.5	7.9	0.0	100.0	819	
Secondary (8th grade)	31.8	48.3	6.2	13.7	0.1	100.0	1 511	
Secondary (10th grade)	29.3	49.4	7.2	14.1	0.0	100.0	982	
Vocational	27.8	47.0	9.8	15.3	0.0	100.0	528	
College, university	27.9	48.4	7.8	15.8	0.2	100.0	662	
Wealth index quintiles								
Poorest	36.8	53.5	3.7	6.0	0.0	100.0	1 185	
Second	34.9	46.5	7.2	11.3	0.0	100.0	1 185	
Middle	31.1	43.5	9.7	15.8	0.0	100.0	1 225	
Fourth	24.9	51.3	5.9	17.7	0.2	100.0	1 228	
Richest	(29.8)	(57.7)	(5.0)	(7.4)	(0.0)	(100.0)	40	
Total	31.8	48.8	6.6	12.7	0.0	100.0	4 862	

Table EN.5: Use of sanitary means of excreta disposal

Percent distribution of household population according to type of toilet used by the household and the percentage of household members using sanitary means of excreta disposal, Mongolia, 2005

Region	Type of toilet facility used by household										Total	Percentage of population using sanitary means of excreta disposal*	Number of households members	
	Improved sanitation facility					Unimproved sanitation facility								
	Flush/pour flush to:			Ventilated		Pit latrine with slab	Pit latrine without slab	No facilities or bush or field						Other
	Piped sewer system	Septic tank	Pit latrine	Improved pit latrine	Improved pit latrine			Pit latrine with slab	Pit latrine without slab	No facilities or bush or field				
West	4.4	0.0	0.6	3.2	48.6	17.3	25.9	0.0	100.0	56.8	4 487			
Khangai	8.3	0.0	5.9	6.4	42.6	15.4	21.3	0.1	100.0	63.2	6 299			
Central	18.1	0.0	3.9	3.0	54.0	8.5	12.5	0.0	100.0	79.0	4 419			
East	18.6	0.0	0.8	1.0	55.9	6.6	17.1	0.0	100.0	76.3	2 295			
Ulaanbaatar	35.3	0.1	3.2	6.2	51.4	2.2	1.5	0.1	100.0	96.2	9 214			
Residence														
Urban	32.7	0.0	3.4	6.4	52.9	2.6	1.9	0.1	100.0	95.4	15 240			
Rural	1.9	0.0	3.3	2.6	45.4	18.1	28.8	0.0	100.0	53.1	11 473			
Location														
Capital city	35.3	0.1	3.2	6.2	51.4	2.2	1.5	0.1	100.0	96.2	9 214			
Aimag center	28.8	0.0	3.6	6.7	55.3	3.2	2.5	0.1	100.0	94.2	6 026			
Soum center	5.3	0.0	6.3	6.1	72.9	7.3	2.2	0.0	100.0	90.5	2 887			
Countryside	0.7	0.0	2.2	1.4	36.1	21.8	37.7	0.0	100.0	40.5	8 586			
Education of household head														
None	5.3	0.0	2.4	1.3	40.7	15.4	34.8	0.0	100.0	49.8	1 546			
Primary	4.3	0.0	3.3	2.9	43.1	17.1	29.3	0.1	100.0	53.5	3 767			
Secondary (8th grade)	6.3	0.0	4.0	4.8	57.5	11.2	16.2	0.0	100.0	72.6	7 360			
Secondary (10th grade)	21.7	0.1	2.8	6.4	55.9	6.4	6.5	0.1	100.0	86.9	5 483			
Vocational	14.6	0.0	3.0	5.8	60.2	6.8	9.6	0.0	100.0	83.6	2 841			
College, university	50.5	0.0	3.4	4.8	35.3	3.9	2.1	0.0	100.0	93.9	5 716			
Wealth index quintiles														
Poorest	0.0	0.0	2.2	0.5	25.8	23.3	48.2	0.1	100.0	28.5	5 339			
Second	0.0	0.0	4.5	1.9	65.0	12.9	15.7	0.0	100.0	71.4	5 349			
Middle	0.0	0.0	4.8	7.7	78.5	6.3	2.6	0.0	100.0	91.1	5 341			
Fourth	0.7	0.1	4.8	13.2	76.7	3.8	0.6	0.1	100.0	95.5	5 342			
Richest	96.7	0.1	0.3	0.4	2.4	0.0	0.2	0.1	100.0	99.8	5 342			
Total	19.5	0.0	3.3	4.8	49.7	9.3	13.4	0.0	100.0	77.2	26 713			

* MICS Indicator 12; MDG Indicator 31

Table EN.6: Disposal of child's faeces
Percent distribution of children aged 0-2 years according to place of disposal of child's faeces, and the percentage of children aged 0-2 years whose stools are disposed of safely, Mongolia, 2005

Region	Place of disposal of child's faeces										Total	Proportion of children whose stools are disposed of safely*	Number of children aged 0-2 years
	Child used toilet/latrine	Put/rinsed into				Buried	Left in open	DK		Other			
		toilet or latrine	Put/rinsed into toilet or latrine	Put/rinsed into drain or ditch	Thrown into garbage (solid waste)			DK	DK				
West	10.6	34.0	1.4	9.5	5.2	32.9	3.8	2.6	3.8	2.6	100.0	44.6	422
Khangai	12.9	32.9	1.8	14.3	4.7	25.2	5.9	2.4	5.9	2.4	100.0	45.9	504
Central	17.5	41.9	2.9	13.5	3.1	16.2	3.9	1.0	3.9	1.0	100.0	59.4	385
East	22.5	39.1	1.7	8.1	0.9	20.8	2.1	4.8	2.1	4.8	100.0	61.5	232
Ulaanbaatar	34.8	43.0	0.7	10.7	0.7	2.8	6.4	0.7	6.4	0.7	100.0	77.9	695
Residence													
Urban	31.0	45.3	0.8	11.0	1.1	3.9	5.2	1.8	5.2	1.8	100.0	76.3	1 196
Rural	9.7	30.7	2.5	12.1	5.0	33.5	4.6	2.1	4.6	2.1	100.0	40.3	1 042
Location													
Capital city	34.8	43.0	0.7	10.7	0.7	2.8	6.4	0.7	6.4	0.7	100.0	77.9	695
Aimag center	25.7	48.4	0.8	11.3	1.6	5.4	3.6	3.2	3.6	3.2	100.0	74.1	501
Soum center	21.1	46.2	0.4	20.8	1.2	4.5	4.5	1.2	4.5	1.2	100.0	67.3	243
Countryside	6.2	25.9	3.1	9.4	6.1	42.3	4.6	2.4	4.6	2.4	100.0	32.1	799
Mother's education													
None	2.6	23.0	2.7	7.1	7.1	48.7	3.6	5.3	3.6	5.3	100.0	25.6	112
Primary	6.8	32.0	1.7	10.1	6.2	37.6	3.3	2.3	3.3	2.3	100.0	38.8	177
Secondary (8th grade)	13.1	32.8	2.9	14.2	3.6	26.2	5.2	2.0	5.2	2.0	100.0	45.9	549
Secondary (10th grade)	17.2	45.8	1.1	12.2	2.3	15.3	4.9	1.2	4.9	1.2	100.0	63.0	642
Vocational	22.9	39.6	2.1	16.3	3.5	9.2	5.0	1.4	5.0	1.4	100.0	62.5	141
College, university	39.3	40.3	0.5	8.5	1.0	3.1	5.4	2.0	5.4	2.0	100.0	79.6	616
Wealth index quintiles													
Poorest	5.9	20.4	3.8	8.9	6.8	47.1	4.4	2.8	4.4	2.8	100.0	26.3	500
Second	9.9	40.5	1.4	12.8	3.5	25.2	4.6	2.1	4.6	2.1	100.0	50.4	514
Middle	16.3	51.7	1.2	18.1	0.7	5.7	4.5	1.7	4.5	1.7	100.0	68.0	419
Fourth	13.0	55.0	0.6	17.8	2.5	1.4	7.2	2.5	7.2	2.5	100.0	68.1	363
Richest	62.5	30.4	0.5	1.4	0.2	0.2	4.3	0.5	4.3	0.5	100.0	92.9	441
Total	21.1	38.5	1.6	11.5	2.9	17.7	4.9	1.9	4.9	1.9	100.0	59.5	2 238

* MICS indicator 14

Table EN.7: Use of improved water sources and improved sanitation
 Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, Mongolia, 2005

	Percentage of household population:			Number of household members
	Using improved sources of drinking water*	Using sanitary means of excreta disposal**	Using improved sources of drinking water and using sanitary means of excreta disposal	
Region				
West	52.2	56.8	39.8	4 487
Khangai	53.7	63.2	41.1	6 299
Central	64.7	79.0	55.9	4 419
East	78.0	76.3	62.5	2 295
Ulaanbaatar	95.1	96.2	91.6	9 214
Residence				
Urban	91.0	95.4	87.2	15 240
Rural	45.9	53.1	29.9	11 473
Location				
Capital city	95.1	96.2	91.6	9 214
Aimag center	84.6	94.2	80.5	6 026
Soum center	61.8	90.5	55.6	2 887
Countryside	40.6	40.5	21.2	8 586
Education of household head				
None	57.4	49.8	37.1	1 546
Primary	55.5	53.5	37.8	3 767
Secondary (8th grade)	63.4	72.6	53.3	7 360
Secondary (10th grade)	77.2	86.9	72.7	5 483
Vocational	75.1	83.6	66.7	2 841
College, university	89.6	93.9	86.1	5 716
Wealth index quintiles				
Poorest	33.7	28.5	11.1	5 339
Second	61.1	71.4	48.3	5 349
Middle	78.8	91.1	72.9	5 341
Fourth	85.1	95.5	81.3	5 342
Richest	99.5	99.8	99.4	5 342
Total	71.6	77.2	62.6	26 713

* MICS indicator 11; MDG indicator 30

** MICS indicator 12; MDG indicator 31

Table RH.1: Use of contraception
Percentage of women aged 15-49 years married or in union who are using (or whose partner is using) a contraceptive method, Mongolia, 2005

Region	Not using any method	Percent of women (currently married or in union) who are using:											Total	Any modern method	Any traditional method	Any method*	Number of women currently married or in union		
		Female sterilization	Male sterilization	Pill	Implants	Injections	IUD	Condom	Female condom	Diaphragm /foam/jelly	LAM	Periodic abstinence						Withdrawal	Other
West	39.1	1.1	0.1	9.8	2.0	13.2	26.6	4.4	0.1	0.6	0.4	2.7	0.0	0.0	100.0	57.8	3.1	60.9	792
Khangai	30.4	3.3	0.1	8.9	0.5	12.6	37.3	3.3	0.4	0.3	0.0	2.7	0.0	0.1	100.0	66.8	2.8	69.6	1 111
Central	28.2	2.6	0.0	17.2	0.1	16.0	21.3	4.4	0.5	0.0	1.2	7.6	0.1	0.9	100.0	62.0	9.8	71.8	785
East	31.9	2.8	0.0	10.3	0.0	16.2	31.7	3.8	0.2	0.0	0.2	2.6	0.2	0.0	100.0	65.0	3.1	68.1	416
Ulaanbaatar	37.9	2.2	0.1	11.7	0.8	4.5	27.0	8.2	0.3	0.2	0.5	6.3	0.1	0.1	100.0	55.0	7.1	62.1	1 418
Residence																			
Urban	35.5	2.5	0.1	12.3	0.7	7.4	26.7	7.0	0.4	0.3	0.5	6.2	0.1	0.3	100.0	57.5	7.1	64.5	2 439
Rural	32.3	2.3	0.0	10.6	0.8	15.4	31.4	3.2	0.3	0.1	0.4	2.9	0.0	0.1	100.0	64.2	3.5	67.7	2 083
Location																			
Capital city	37.9	2.2	0.1	11.7	0.8	4.5	27.0	8.2	0.3	0.2	0.5	6.3	0.1	0.1	100.0	55.0	7.1	62.1	1 418
Almag center	32.1	3.0	0.2	13.0	0.7	11.3	26.3	5.4	0.5	0.5	0.5	5.9	0.1	0.6	100.0	60.8	7.0	67.9	1 021
Soum center	27.8	3.3	0.0	13.5	0.6	15.9	28.0	5.3	0.2	0.0	0.2	4.9	0.0	0.4	100.0	66.8	5.4	72.2	500
Countryside	33.7	1.9	0.0	9.8	0.8	15.3	32.5	2.5	0.3	0.2	0.5	2.3	0.1	0.0	100.0	63.4	2.9	66.3	1 584
Age																			
15-19	(37.8)	(0.0)	(0.0)	(14.3)	(0.0)	(19.1)	(19.4)	(7.2)	(0.0)	(0.0)	(2.3)	(0.0)	(0.0)	(0.0)	(100.0)	(59.9)	(2.3)	(62.2)	42
20-24	41.0	0.0	0.0	13.2	0.7	15.3	20.6	6.7	0.2	0.0	1.4	1.1	0.0	0.0	100.0	56.6	2.4	59.0	581
25-29	31.7	0.7	0.0	13.3	0.6	14.7	29.8	5.3	0.7	0.2	0.7	1.9	0.2	0.1	100.0	65.3	3.0	68.3	971
30-34	25.4	2.5	0.0	12.8	1.1	13.4	32.3	6.0	0.1	0.0	0.2	6.1	0.0	0.1	100.0	68.2	6.4	74.6	922
35-39	24.0	4.6	0.1	13.3	0.7	10.4	34.3	5.7	0.1	0.2	0.2	5.7	0.1	0.5	100.0	69.5	6.5	76.0	823
40-44	35.6	4.5	0.3	7.7	0.4	6.4	31.8	4.1	0.7	0.6	0.1	7.4	0.0	0.4	100.0	56.5	7.9	64.4	708
45-49	61.8	1.9	0.0	5.7	1.0	1.7	17.5	2.9	0.0	0.6	0.0	6.7	0.0	0.2	100.0	31.3	6.9	38.2	476
Number of living children																			
0	80.1	0.0	0.0	7.1	0.0	2.5	5.1	4.5	0.7	0.0	0.0	0.0	0.0	0.0	100.0	19.9	0.0	19.9	158
1	37.4	0.4	0.0	13.0	0.4	12.3	23.9	7.2	0.1	0.2	1.2	3.5	0.1	0.2	100.0	57.6	5.0	62.6	985
2	28.6	2.2	0.0	14.1	0.8	11.1	31.7	4.9	0.5	0.1	0.4	5.3	0.1	0.3	100.0	65.4	6.0	71.4	1 493
3	28.1	3.4	0.1	9.4	0.9	11.8	33.4	4.7	0.3	0.3	0.1	6.8	0.1	0.3	100.0	64.5	7.3	71.9	883
4+	36.7	4.1	0.2	8.7	1.0	10.6	29.2	4.5	0.3	0.5	0.2	3.9	0.0	0.1	100.0	59.1	4.2	63.3	1 003
Education																			
None	45.7	1.5	0.0	7.5	0.8	19.3	23.8	0.8	0.0	0.0	0.0	0.7	0.0	0.0	100.0	53.6	0.7	54.3	132
Primary	42.8	2.7	0.0	6.6	1.7	13.4	29.5	1.0	0.3	0.0	0.7	0.7	0.3	0.4	100.0	55.2	2.0	57.2	295
Secondary (8th grade)	34.2	2.5	0.0	9.4	0.9	15.2	32.0	3.1	0.3	0.1	0.3	1.7	0.1	0.1	100.0	63.6	2.2	65.8	1 050
Secondary (10th grade)	29.8	2.7	0.0	13.2	0.6	12.1	30.9	5.8	0.3	0.2	0.3	3.8	0.1	0.2	100.0	65.9	4.4	70.2	1 261
Vocational	32.7	3.4	0.5	11.4	1.2	9.7	29.3	3.7	0.7	0.4	0.9	5.7	0.0	0.4	100.0	60.3	7.1	67.3	436
College, university	35.2	1.8	0.1	13.1	0.4	6.1	24.8	8.3	0.3	0.4	0.6	8.8	0.0	0.3	100.0	55.2	9.6	64.8	1 348
Wealth index quintiles																			
Poorest	33.4	2.5	0.0	7.8	1.3	16.4	34.2	2.8	0.0	0.2	0.4	0.9	0.1	0.0	100.0	65.2	1.4	66.6	928
Second	34.2	2.7	0.1	9.8	0.1	15.2	30.6	3.4	0.8	0.1	0.1	2.7	0.1	0.0	100.0	62.8	3.0	65.8	902
Middle	31.8	2.9	0.0	11.9	1.0	13.2	27.9	5.2	0.3	0.2	0.6	4.8	0.1	0.1	100.0	62.6	5.6	68.2	864
Fourth	33.6	2.5	0.1	14.4	0.9	7.2	27.4	6.4	0.1	0.4	0.4	6.2	0.0	0.4	100.0	59.3	7.0	66.4	922
Richest	36.9	1.3	0.1	13.9	0.5	3.6	24.2	8.6	0.4	0.2	0.8	8.9	0.0	0.5	100.0	52.8	10.2	63.1	907
Total	34.0	2.4	0.1	11.5	0.8	11.1	28.9	5.3	0.3	0.2	0.5	4.7	0.1	0.2	100.0	60.6	5.4	66.0	4 523

* MICS indicator 21; MDG indicator 19C

Table RH.2: Unmet need for contraception
 Percentage of women aged 15-49 years currently married or in union with an unmet for family planning and percentage of demand for contraception satisfied, Mongolia, 2005

Region	Current use of contraception*		Unmet need for contraception		Total**	Number of women currently married or in union	Percentage of demand for contraception satisfied***	Number of women currently married or in union with need for contraception
	For spacing	For limiting	For spacing	For limiting				
West	60.9	0.3	15.8	16.0	792	79.2	610	
Khangai	69.6	0.4	11.2	11.6	1 111	85.7	902	
Central	71.8	0.6	12.6	13.2	785	84.5	667	
East	68.1	0.5	14.6	15.0	416	81.9	346	
Ulaanbaatar	62.1	0.6	13.3	13.8	1 418	81.8	1 077	
Residence								
Urban	64.5	0.5	13.3	13.8	2 439	82.4	1 909	
Rural	67.7	0.4	13.1	13.6	2 083	83.3	1 693	
Location								
Capital city	62.1	0.6	13.3	13.8	1 418	81.8	1 077	
Aimag center	67.9	0.4	13.2	13.6	1 021	83.3	832	
Soum center	72.2	0.0	12.2	12.2	500	85.6	422	
Countryside	66.3	0.6	13.4	14.0	1 584	82.5	1 271	
Age								
15-19	(62.2)	(2.4)	(2.4)	(4.7)	42	(92.9)	28	
20-24	59.0	0.7	10.9	11.6	581	83.5	410	
25-29	68.3	0.7	11.0	11.8	971	85.3	778	
30-34	74.6	0.7	9.8	10.5	922	87.7	785	
35-39	76.0	0.2	13.1	13.4	823	85.0	735	
40-44	64.4	0.0	17.2	17.2	708	78.9	578	
45-49	38.2	0.2	22.1	22.3	476	63.1	288	
Education								
None	54.3	3.0	15.8	18.7	132	74.4	96	
Primary	57.2	0.0	18.7	18.7	295	75.3	224	
Secondary (8th grade)	65.8	0.3	13.7	14.0	1 050	82.5	837	
Secondary (10th grade)	70.2	0.6	12.9	13.5	1 261	83.9	1 055	
Vocational	67.3	0.2	13.0	13.3	436	83.5	352	
College, university	64.8	0.5	11.7	12.2	1 348	84.2	1 038	
Wealth index quintiles								
Poorest	66.6	0.5	13.4	13.9	928	82.7	747	
Second	65.8	0.4	14.8	15.3	902	81.2	731	
Middle	68.2	0.6	11.4	12.0	864	85.0	693	
Fourth	66.4	0.3	13.2	13.5	922	83.1	736	
Richest	63.1	0.4	13.2	13.6	907	82.2	696	
Total	66.0	0.5	13.2	13.7	4 523	82.8	3 602	

* MICS indicator 21; MDG indicator 19C

** MICS indicator 98

*** MICS indicator 99

Table RH.3: Antenatal care provider
Percent distribution of women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, Mongolia, 2005

Region	Person providing antenatal care					No antenatal care received	Total	Any skilled personnel*	Number of women who gave birth in the preceding two years
	Medical doctor	Nurse/midwife	Feldsher	Traditional birth attendant	Other				
West	73.4	1.6	22.3	0.4	0.8	1.6	100.0	97.3	252
Khangai	73.4	4.6	21.6	0.0	0.0	0.3	100.0	99.7	322
Central	85.5	1.6	12.1	0.4	0.0	0.0	100.0	99.2	239
East	77.9	3.0	16.1	0.0	0.0	3.0	100.0	97.0	163
Ulaanbaatar	95.1	1.5	3.0	0.0	0.0	0.4	100.0	99.6	481
Residence									
Urban	91.9	2.0	5.0	0.1	0.1	0.9	100.0	98.9	801
Rural	72.2	2.8	23.7	0.1	0.2	0.9	100.0	98.8	656
Location									
Capital city	95.1	1.5	3.0	0.0	0.0	0.4	100.0	99.6	481
Aimag center	87.1	2.8	8.0	0.3	0.3	1.5	100.0	97.9	321
Soum center	81.2	3.8	14.4	0.0	0.0	0.6	100.0	99.4	157
Countryside	69.4	2.6	26.6	0.2	0.2	1.0	100.0	98.6	499
Age									
15-19	75.0	2.8	18.1	0.0	0.0	4.2	100.0	95.8	71
20-24	82.2	2.2	14.2	0.2	0.2	0.9	100.0	98.7	444
25-29	84.7	2.6	12.2	0.0	0.0	0.4	100.0	99.6	452
30-34	85.0	2.2	12.5	0.4	0.0	0.0	100.0	99.6	270
35-39	82.3	1.8	15.3	0.0	0.0	0.6	100.0	99.4	169
40-44	(78.7)	(4.9)	(9.2)	(0.0)	(2.3)	(4.9)	(100.0)	(92.8)	42
45-49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	9
Education									
None	67.6	5.6	24.0	0.0	0.0	2.8	100.0	97.2	70
Primary	76.5	1.6	20.1	0.0	0.8	0.8	100.0	98.3	117
Secondary (8th grade)	76.8	1.4	20.0	0.0	0.3	1.4	100.0	98.3	345
Secondary (10th grade)	85.1	3.4	11.0	0.0	0.0	0.5	100.0	99.5	413
Vocational	85.4	1.0	10.5	0.0	0.0	3.1	100.0	96.9	95
College, university	90.0	2.2	7.4	0.5	0.0	0.0	100.0	99.5	417
Wealth index quintiles									
Poorest	70.4	2.2	26.1	0.0	0.3	0.9	100.0	98.7	313
Second	76.1	4.3	17.7	0.0	0.0	1.8	100.0	98.2	322
Middle	85.5	1.5	11.3	0.4	0.4	1.1	100.0	98.2	272
Fourth	90.4	3.1	6.1	0.0	0.0	0.4	100.0	99.6	262
Richest	95.5	0.7	3.5	0.3	0.0	0.0	100.0	99.7	288
Total	83.0	2.4	13.4	0.1	0.1	0.9	100.0	98.9	1 457

* MICS indicator 20

Table RH.4: Antenatal care content
 Percentage of pregnant women receiving antenatal care among women aged 15-49 years who gave birth in two years preceding the survey and percentage of pregnant women receiving specific care as part of the antenatal care received, Mongolia, 2005

Region	Percent of pregnant women receiving ANC one or more times during pregnancy	Percent of pregnant women who had:				Weight measured*	Number of women who gave birth in two years preceding survey
		Blood sample taken*	Blood pressure measured*	Urine specimen taken*	Weight measured*		
West	98.4	66.2	95.7	66.6	72.6	252	
Khangai	99.7	88.3	99.4	88.0	78.4	322	
Central	99.6	94.8	99.2	94.4	93.6	239	
East	97.0	89.8	96.4	91.1	92.8	163	
Ulaanbaatar	99.6	98.7	98.9	98.7	98.5	481	
Residence							
Urban	99.1	97.8	98.5	98.0	96.0	801	
Rural	99.1	78.6	97.9	78.5	78.5	656	
Location							
Capital city	99.6	98.7	98.9	98.7	98.5	481	
Aimag center	98.5	96.3	97.9	96.9	92.3	321	
Soum center	99.4	85.0	98.1	84.9	81.8	157	
Countryside	99.0	76.6	97.8	76.4	77.4	499	
Age							
15-19	95.8	88.8	95.8	87.4	83.4	71	
20-24	99.1	87.5	98.7	87.3	87.3	444	
25-29	99.6	87.8	98.9	88.6	86.7	452	
30-34	100.0	90.8	98.2	91.2	89.7	270	
35-39	99.4	95.3	98.2	94.8	95.3	169	
40-44	(95.1)	(85.8)	(92.8)	(83.5)	(83.4)	42	
45-49	(*)	(*)	(*)	(*)	(*)	9	
Education							
None	97.2	81.5	95.7	77.3	80.2	70	
Primary	99.2	73.1	98.3	75.6	70.5	117	
Secondary (8th grade)	98.6	83.1	96.8	82.8	84.0	345	
Secondary (10th grade)	99.5	93.3	98.6	93.8	90.7	413	
Vocational	96.9	87.5	95.8	85.5	85.4	95	
College, university	100.0	96.2	100.0	96.7	95.9	417	
Wealth index quintiles							
Poorest	99.1	75.7	98.7	76.7	75.7	313	
Second	98.2	83.4	96.6	83.1	83.7	322	
Middle	98.9	92.0	97.1	91.3	88.7	272	
Fourth	99.6	98.5	99.2	98.5	95.8	262	
Richest	100.0	98.9	99.6	99.3	99.0	288	
Total	99.1	89.1	98.2	89.2	88.1	1 457	

* MICS indicator 44

Table RH.5: Assistance during delivery
Percent distribution of women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery, Mongolia, 2005

Region	Person assisting at delivery					Total	Any skilled personnel*	Delivered in health facility**	Number of women who gave birth in preceding two years
	Medical doctor	Nurse /midwife	Feldsher	Relative /friend	Other				
West	58.2	11.7	28.6	0.4	1.2	100.0	98.4	96.9	252
Khangai	69.1	12.7	17.3	0.3	0.6	100.0	99.1	99.1	322
Central	69.5	12.5	18.1	0.0	0.0	100.0	100.0	99.2	239
East	62.9	7.2	29.3	0.6	0.0	100.0	99.4	98.2	163
Ulaanbaatar	80.4	6.9	12.0	0.2	0.4	100.0	99.4	98.9	481
Residence									
Urban	76.7	8.4	14.3	0.3	0.3	100.0	99.5	99.0	801
Rural	62.4	11.8	24.7	0.3	0.8	100.0	98.9	98.0	656
Location									
Capital city	80.4	6.9	12.0	0.2	0.4	100.0	99.4	98.9	481
Aimag center	71.2	10.7	17.8	0.3	0.0	100.0	99.7	99.1	321
Soum center	68.1	14.4	17.5	0.0	0.0	100.0	100.0	100.0	157
Countryside	60.6	11.0	27.0	0.4	1.0	100.0	98.6	97.4	499
Age									
15-19	68.0	15.3	16.7	0.0	0.0	100.0	100.0	98.6	71
20-24	69.9	10.5	18.7	0.0	0.9	100.0	99.1	98.9	444
25-29	69.3	10.3	19.8	0.4	0.2	100.0	99.3	98.7	452
30-34	73.5	9.2	17.0	0.4	0.0	100.0	99.6	98.5	270
35-39	66.3	9.5	23.0	0.6	0.6	100.0	98.8	97.6	169
40-44	(88.3)	(0.0)	(9.2)	(0.0)	(2.4)	(100.0)	(97.6)	(97.6)	42
45-49	(*)	(*)	(*)	(*)	(*)	(*)	(*)	(*)	9
Education									
None	61.9	8.4	25.4	0.0	4.3	100.0	95.7	95.7	70
Primary	65.7	13.3	19.3	0.8	0.8	100.0	98.3	96.6	117
Secondary (8th grade)	67.2	10.1	22.1	0.6	0.0	100.0	99.4	98.0	345
Secondary (10th grade)	70.5	11.1	18.2	0.3	0.0	100.0	99.7	99.5	413
Vocational	70.9	8.2	18.9	0.0	2.1	100.0	97.9	97.9	95
College, university	75.3	8.4	16.1	0.0	0.2	100.0	99.8	99.3	417
Wealth index quintiles									
Poorest	61.6	9.8	26.7	0.6	1.3	100.0	98.1	96.5	313
Second	61.1	14.1	24.2	0.3	0.3	100.0	99.4	98.1	322
Middle	75.1	9.9	14.6	0.4	0.0	100.0	99.6	99.6	272
Fourth	77.0	9.2	13.0	0.0	0.8	100.0	99.2	98.8	262
Richest	79.4	6.2	14.3	0.0	0.0	100.0	100.0	100.0	288
Total	70.3	9.9	19.0	0.3	0.5	100.0	99.2	98.6	1 457

* MICS indicator 4; MDG indicator 17

** MICS indicator 5

Table CD.1: Family support for learning
Percentage of children aged 0-59 months for whom household members are engaged in activities that promote learning and school readiness, Mongolia, 2005

	Percentage of children aged 0-59 months							Number of children aged 0-59 months
	For whom household members engaged in four or more activities that promote learning and school readiness*	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness**	Mean number of activities the father engage in with the child	Living in a household without their natural father			
Sex								
Male	54.5	3.7	45.2	1.1	21.8		1 842	
Female	56.3	3.7	42.2	1.0	22.7		1 705	
Region								
West	53.7	3.6	50.0	1.2	10.3		674	
Khangai	53.0	3.5	45.3	1.1	19.7		832	
Central	60.2	3.9	47.4	1.2	23.6		607	
East	49.4	3.5	32.3	0.6	24.3		375	
Ulaanbaatar	57.6	3.7	40.5	1.0	30.2		1 059	
Residence								
Urban	58.4	3.8	42.2	1.1	27.5		1 856	
Rural	52.1	3.5	45.4	1.0	16.4		1 691	
Location								
Capital city	57.6	3.7	40.5	1.0	30.2		1 059	
Aimag center	59.4	3.9	44.5	1.1	24.0		797	
Soum center	61.8	3.9	43.6	1.0	19.2		386	
Countryside	49.2	3.4	46.0	1.0	15.5		1 305	
Age								
0-23 months	28.6	2.7	37.8	0.7	23.3		1 499	
24-59 months	75.0	4.4	48.2	1.3	21.4		2 048	
Mother's education								
None	35.8	2.8	29.6	0.6	37.7		161	
Primary	43.5	3.2	39.1	0.8	23.8		297	
Secondary (8th grade)	51.7	3.5	40.4	0.9	20.3		895	
Secondary (10th grade)	58.3	3.8	45.1	1.1	20.8		1 023	
Vocational	63.1	3.9	40.8	1.0	25.1		252	
College, university	60.9	3.9	50.3	1.3	21.6		919	
Father's education								
None	42.1	3.3	52.1	1.1	na		170	
Primary	45.2	3.2	49.9	1.1	na		334	
Secondary (8th grade)	53.8	3.6	50.4	1.1	na		899	
Secondary (10th grade)	59.2	3.8	57.7	1.4	na		656	
Vocational	57.5	3.8	18.2	0.4	na		1 032	
College, university	60.6	3.9	60.7	1.6	na		456	
Wealth index quintiles								
Poorest	45.7	3.3	44.0	1.0	15.7		805	
Second	51.8	3.5	37.9	0.8	22.9		838	
Middle	62.1	3.9	42.3	1.1	23.8		688	
Fourth	61.3	4.0	49.3	1.3	23.2		584	
Richest	59.9	3.8	47.5	1.2	27.0		632	
Total	55.4	3.7	43.8	1.0	22.2		3 547	

* MICS indicator 46

** MICS indicator 47

Table CD.2: Learning materials
Percentage of children aged 0-59 months living in households containing learning materials, Mongolia, 2005

	Children living in households with:		Child use:		Child plays with:				3 or more types of playthings***	Number of children aged 0-59 months	
	3 or more children's books*	Median number of non-children's books	3 or more children's books**	Median number of children's books	Household objects	Objects and materials found outside the home	Homemade toys	Toys that came from a store			No playthings mentioned
Sex											
Male	53.5	4	26.3	0	7.4	18.5	26.5	82.9	3.2	6.6	1 842
Female	52.7	4	26.0	0	8.5	14.1	26.3	81.8	4.2	5.4	1 705
Region											
West	40.7	0	15.7	0	10.8	26.5	37.6	76.9	2.8	12.3	674
Khangai	49.7	2	19.3	0	10.9	24.2	33.8	75.2	4.7	8.3	832
Central	53.8	3	25.3	0	8.7	12.3	22.7	83.9	3.1	3.3	607
East	54.2	4	19.9	0	2.9	9.5	28.2	87.5	2.1	1.3	375
Ulaanbaatar	63.0	10	41.0	2	5.1	8.5	15.1	88.9	4.2	3.4	1 059
Residence											
Urban	62.9	9	35.6	1	6.6	10.6	19.7	87.4	4.0	4.4	1 856
Rural	42.4	0	15.8	0	9.4	22.6	33.9	76.9	3.3	7.7	1 691
Location											
Capital city	63.0	10	41.0	2	5.1	8.5	15.1	88.9	4.2	3.4	1 059
Aimag center	62.8	7	28.4	1	8.6	13.5	25.8	85.5	3.8	5.9	797
Soum center	62.8	8	26.4	0	9.5	19.8	32.1	82.8	2.6	8.8	386
Countryside	36.3	0	12.7	0	9.3	23.5	34.4	75.2	3.5	7.4	1 305
Age											
0-23 months	50.2	3	19.3	0	6.6	10.9	23.8	79.1	7.7	4.3	1 499
24-59 months	55.2	5	31.2	1	8.9	20.3	28.4	84.8	0.7	7.2	2 048
Mother's education											
None	22.2	0	1.2	0	9.3	32.2	37.8	68.5	6.7	8.0	161
Primary	26.8	0	8.1	0	9.0	22.3	32.7	68.3	6.0	6.0	297
Secondary (8th grade)	39.8	0	12.5	0	9.6	20.9	28.5	76.1	3.7	5.9	895
Secondary (10th grade)	56.7	5	28.0	0	6.5	14.4	26.2	86.1	3.4	5.9	1 023
Vocational	66.3	8	23.1	0	8.3	14.6	26.5	87.3	2.4	7.5	252
College, university	72.4	10	48.5	2	7.2	9.8	20.7	90.0	3.0	5.3	919
Wealth index quintiles											
Poorest	31.6	0	9.0	0	10.2	27.7	36.6	69.2	4.6	8.1	805
Second	45.9	0	15.6	0	9.2	19.9	29.2	78.3	3.3	5.8	838
Middle	55.0	5	26.5	0	6.4	13.2	25.2	86.9	3.1	6.2	688
Fourth	66.0	10	38.5	2	6.5	10.3	21.0	90.5	3.8	6.2	584
Richest	76.2	10	50.3	3	6.3	6.1	16.1	92.2	3.5	3.0	632
Total	53.1	4	26.2	0	7.9	16.3	26.4	82.4	3.7	6.0	3 547

* MICS indicator 49

** MICS indicator 48

*** MICS indicator 50

Table CD.3: Children left alone or with other children
 Percentage of children age 0-59 months left in the care of other children under the age of 10 years or left alone in the past week, Mongolia, 2005

	Percentage of children aged 0-59 months			Number of children aged 0-59 months
	Left in the care children under the age of 10 years in past week	Left alone in the past week	Left with inadequate care in past week*	
Sex				
Male	12.6	2.8	13.7	1 842
Female	11.2	2.6	12.5	1 705
Region				
West	17.3	3.3	18.9	674
Khangai	12.8	1.9	13.5	832
Central	8.7	3.9	10.8	607
East	15.3	3.7	16.3	375
Ulaanbaatar	8.4	1.8	9.3	1 059
Residence				
Urban	9.5	2.0	10.4	1 856
Rural	14.5	3.5	16.1	1 691
Location				
Capital city	8.4	1.8	9.3	1 059
Aimag center	11.0	2.1	11.9	797
Soum center	13.8	1.5	14.1	386
Countryside	14.7	4.0	16.7	1 305
Age				
0-23	10.5	2.1	11.6	1 499
24-59	12.9	3.1	14.3	2 048
Mother's education				
None	9.3	3.1	11.1	161
Primary	12.4	3.7	14.4	297
Secondary (8th grade)	14.2	4.0	16.0	895
Secondary (10th grade)	12.9	2.8	14.0	1 023
Vocational	11.1	1.6	11.8	252
College, university	9.0	1.1	9.7	919
Wealth index quintiles				
Poorest	14.7	4.2	16.4	805
Second	15.0	3.3	16.7	838
Middle	9.5	1.4	10.0	688
Fourth	11.7	1.6	12.4	584
Richest	7.0	2.2	8.3	632
Total	11.9	2.7	13.1	3 547

* MICS indicator 51

Table ED.1: Early childhood education
 Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme and percentage of first graders who attended pre-school, Mongolia, 2005

	Percentage of children aged 36-59 months currently attending early childhood education*	Number of children aged 36-59 months	Percentage of children who attended preschool program in previous year**	Number of children attending first grade
Sex				
Male	36.8	684	82.1	178
Female	37.9	650	78.9	173
Region				
West	31.7	257	73.1	67
Khangai	31.8	332	69.9	92
Central	32.9	232	84.0	69
East	40.2	145	(85.0)	32
Ulaanbaatar	47.9	367	92.2	91
Residence				
Urban	49.8	669	86.9	160
Rural	24.8	665	75.1	191
Location				
Capital city	47.9	367	92.2	91
Aimag center	52.1	302	79.7	69
Soum center	43.3	148	(84.1)	44
Countryside	19.5	517	72.5	148
Age of child				
36-47 months	31.4	672	na	0
48-59 months	43.4	663	na	0
7 years	na	0	80.5	351
Mother's education				
None	(20.4)	49	(*)	12
Primary	16.4	121	(76.9)	26
Secondary (8th grade)	25.7	351	77.8	111
Secondary (10th grade)	35.3	388	82.6	103
Vocational	32.5	114	(69.9)	30
College, university	65.5	311	88.5	69
Wealth index quintiles				
Poorest	11.1	312	68.0	99
Second	24.1	329	79.5	82
Middle	46.2	274	84.8	59
Fourth	51.5	225	89.5	57
Richest	73.1	194	90.7	53
Total	37.3	1 334	80.5	351

* MICS Indicator 52

** MICS Indicator 53

Table ED.2: Primary school entry
Percentage of children of primary school entry age attending grade 1, Mongolia, 2005

	Percentage of children of primary school entry age currently attending grade 1*	Number of children of primary school entry age
Sex		
Male	78.1	286
Female	81.5	259
Region		
West	72.7	109
Khangai	80.5	147
Central	88.3	94
East	(82.4)	50
Ulaanbaatar	77.6	145
Residence		
Urban	79.7	253
Rural	79.7	292
Location		
Capital city	77.6	145
Aimag center	82.6	108
Soum center	86.6	66
Countryside	77.7	226
Age		
7	79.7	545
Mother's education		
None	(*)	22
Primary	(70.3)	37
Secondary (8th grade)	80.9	161
Secondary (10th grade)	79.1	163
Vocational	86.2	51
College, university	82.1	112
Wealth index quintiles		
Poorest	74.8	153
Second	84.3	126
Middle	81.4	91
Fourth	81.9	84
Richest	78.0	91
Total	79.7	545

* MICS Indicator 54

Table ED.3: Primary school net attendance ratio
Percentage of children of primary school age attending primary school or secondary school (NAR), Mongolia, 2005

Region	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
West	91.7	289	92.6	269	92.2	558
Khangai	93.6	400	96.8	375	95.2	775
Central	97.7	215	97.5	281	97.6	496
East	94.6	127	96.2	131	95.4	257
Ulaanbaatar	94.9	401	97.8	370	96.3	771
Residence						
Urban	95.0	730	97.7	701	96.3	1 431
Rural	93.5	701	95.1	725	94.3	1 426
Location						
Capital city	94.9	401	97.8	370	96.3	771
Aimag center	95.2	329	97.6	331	96.4	660
Soum center	97.9	191	96.7	179	97.3	370
Countryside	91.9	510	94.6	546	93.3	1 056
Age						
7	85.0	286	89.6	259	87.2	545
8	95.3	277	96.9	259	96.1	536
9	96.2	267	98.5	264	97.4	531
10	97.8	312	97.9	329	97.8	641
11	96.9	289	98.1	315	97.5	604
Mother's education						
None	(83.8)	43	86.2	51	85.1	93
Primary	88.7	106	87.8	89	88.3	195
Secondary (8th grade)	91.6	390	96.2	391	93.9	781
Secondary (10th grade)	95.7	424	96.6	439	96.2	862
Vocational	96.9	163	99.4	166	98.2	328
College, university	97.7	307	99.0	290	98.3	597
Wealth index quintiles						
Poorest	89.1	326	93.4	345	91.3	672
Second	93.1	331	95.4	328	94.3	659
Middle	95.3	297	97.1	308	96.2	606
Fourth	98.8	253	99.6	231	99.2	484
Richest	97.3	223	98.1	213	97.7	436
Total	94.3	1 431	96.4	1 426	95.3	2 857

* MICS indicator 55; MDG indicator 6

Table ED.4: Secondary school net attendance ratio
 Percentage of children of secondary school age attending secondary or higher school (NAR), Mongolia, 2005

Region	Male		Female		Total	
	Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
West	80.0	328	87.4	332	83.7	660
Khangai	79.0	484	84.5	512	81.8	997
Central	82.3	330	86.6	306	84.4	636
East	74.7	167	86.5	181	80.9	348
Ulaanbaatar	89.3	607	92.4	629	90.9	1 235
Residence						
Urban	88.6	1 087	92.2	1 155	90.4	2 242
Rural	74.8	828	82.2	806	78.4	1 634
Location						
Capital city	89.3	607	92.4	629	90.9	1 235
Aimag center	87.8	480	91.9	526	89.9	1 006
Soum center	87.5	255	89.7	250	88.6	505
Countryside	69.1	573	78.8	557	73.9	1 129
Age						
12	73.6	282	80.6	248	76.9	530
13	89.4	319	89.8	303	89.6	621
14	88.8	312	92.7	396	91.0	707
15	88.4	377	94.1	371	91.2	748
16	82.1	333	86.6	349	84.4	682
17	70.6	292	80.4	295	75.5	587
Mother's education						
None	61.5	77	56.0	75	58.8	152
Primary	60.1	144	71.7	147	66.0	291
Secondary (8th grade)	73.1	445	81.8	398	77.2	843
Secondary (10th grade)	86.6	508	91.9	530	89.3	1 038
Vocational	86.0	236	91.3	278	88.9	514
College, university	95.1	505	96.2	533	95.7	1 037
Wealth index quintiles						
Poorest	64.0	371	73.6	367	68.8	738
Second	77.0	408	84.1	387	80.4	796
Middle	85.7	406	90.5	456	88.2	862
Fourth	91.2	401	95.7	374	93.4	775
Richest	96.3	328	95.7	377	96.0	705
Total	82.6	1 915	88.1	1 961	85.4	3 876

* MICS indicator 56

Table ED.4A: Secondary school age children attending primary school
 Percentage of children of secondary school age attending primary school, Mongolia, 2005

Region	Male		Female		Total	
	Percent attending primary school	Number of children	Percent attending primary school	Number of children	Percent attending primary school	Number of children
West	7.3	328	5.7	332	6.5	660
Khangai	3.7	484	5.0	512	4.4	997
Central	3.4	330	2.0	306	2.7	636
East	6.4	167	2.7	181	4.5	348
Ulaanbaatar	2.8	607	2.6	629	2.7	1 235
Residence						
Urban	2.9	1 087	3.0	1 155	2.9	2 242
Rural	6.0	828	4.7	806	5.3	1 634
Location						
Capital city	2.8	607	2.6	629	2.7	1 235
Aimag center	2.9	480	3.4	526	3.2	1 006
Soum center	3.1	255	2.8	250	2.9	505
Countryside	7.3	573	5.5	557	6.4	1 129
Age						
12	18.3	282	15.7	248	17.1	530
13	5.6	319	6.9	303	6.2	621
14	2.9	312	2.8	396	2.8	707
15	0.3	377	0.0	371	0.1	748
16	0.0	333	0.3	349	0.1	682
17	0.3	292	0.0	295	0.2	587
Mother's education						
None	3.8	77	15.9	75	9.8	152
Primary	12.4	144	4.0	147	8.2	291
Secondary (8th grade)	6.3	445	6.8	398	6.5	843
Secondary (10th grade)	3.9	508	1.5	530	2.7	1 038
Vocational	3.0	236	4.7	278	3.9	514
College, university	1.0	505	1.1	533	1.1	1 037
Wealth index quintiles						
Poorest	8.3	371	6.5	367	7.4	738
Second	4.9	408	5.9	387	5.4	796
Middle	4.2	406	3.3	456	3.7	862
Fourth	2.0	401	1.3	374	1.7	775
Richest	1.5	328	1.3	377	1.4	705
Total	4.2	1 915	3.7	1 961	3.9	3 876

Table ED.5: Children reaching grade 5
 Percentage of children entering first grade of primary school who eventually reach grade 5, Mongolia, 2005

	Percent attending 2nd grade who were in 1st grade last year	Percent attending 3rd grade who were in 2nd grade last year	Percent attending 4th grade who were in 3rd grade last year	Percent attending 5th grade who were in 4th grade last year	Percent who reach grade 5 of those who enter 1st grade*
Sex					
Male	98.0	99.6	99.7	99.4	96.7
Female	97.9	99.2	99.7	99.2	96.0
Region					
West	100.0	100.0	100.0	98.6	98.6
Khangai	96.0	98.7	99.5	99.4	93.7
Central	96.3	98.9	100.0	99.2	94.5
East	100.0	100.0	98.1	98.5	96.6
Ulaanbaatar	100.0	100.0	100.0	100.0	100.0
Residence					
Urban	100.0	100.0	99.7	99.7	99.4
Rural	96.7	98.9	99.7	98.8	94.2
Location					
Capital city	100.0	100.0	100.0	100.0	100.0
Aimag center	100.0	100.0	99.4	99.4	98.8
Soum center	100.0	100.0	100.0	99.0	99.0
Countryside	95.9	98.5	99.6	98.7	92.9
Mother's education					
None	100.0	100.0	100.0	100.0	100.0
Primary	90.9	97.5	100.0	97.9	86.7
Secondary (8th grade)	96.4	98.9	99.4	98.2	93.0
Secondary (10th grade)	100.0	100.0	100.0	100.0	100.0
Vocational	100.0	100.0	100.0	100.0	100.0
College, university	97.0	100.0	99.3	99.3	95.7
Wealth index quintiles					
Poorest	94.6	97.9	100.0	97.9	90.7
Second	98.2	100.0	98.7	98.7	95.6
Middle	100.0	100.0	100.0	100.0	100.0
Fourth	100.0	100.0	100.0	100.0	100.0
Richest	100.0	100.0	100.0	100.0	100.0
Total	97.9	99.4	99.7	99.3	96.4

* MICS Indicator 57 ; MDG Indicator 7

Table ED.6: Primary school completion and transition to secondary education
Primary school completion rate and transition rate to secondary education, Mongolia, 2005

	Net primary school completion rate*	Number of children of primary school completion age	Transition rate to secondary education**	Number of children who were in the last grade of primary school the previous year
Sex				
Male	92.4	289	98.4	302
Female	94.6	315	98.4	318
Region				
West	88.7	114	96.4	136
Khangai	94.4	160	100.0	161
Central	97.3	110	97.9	94
East	92.5	53	(97.9)	46
Ulaanbaatar	93.9	166	98.9	182
Residence				
Urban	93.1	320	98.5	329
Rural	94.1	285	98.3	291
Location				
Capital city	93.9	333	98.9	363
Aimag center	92.2	306	98.0	295
Soum center	96.5	169	97.5	161
Countryside	93.0	400	98.6	421
Mother's education				
None	(*)	22	(100.0)	25
Primary	(87.2)	39	(94.8)	38
Secondary (8th grade)	89.2	148	97.1	136
Secondary (10th grade)	94.4	196	98.5	194
Vocational	97.1	69	98.6	74
College, university	97.7	130	100.0	154
Wealth index quintiles				
Poorest	92.5	120	96.9	130
Second	86.5	140	99.3	135
Middle	95.9	149	97.9	143
Fourth	98.1	105	98.3	116
Richest	96.7	90	100.0	96
Total	93.6	604	98.4	620

* MICS Indicator 59; MDG Indicator 7B

** MICS Indicator 58

Table ED.7 : Education gender parity
Ratio of girls to boys attending primary education and ratio of girls to boys attending secondary education, Mongolia, 2005

Region	Primary school net attendance ratio (NAR), girls	Primary school net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR*	Secondary school net attendance ratio (NAR), girls	Secondary school net attendance ratio (NAR), boys	Gender parity index (GPI) for secondary school NAR*
West	92.6	91.7	1.01	87.4	80.0	1.09
Khangai	96.8	93.6	1.04	84.5	79.0	1.07
Central	97.5	97.7	1.00	86.6	82.3	1.05
East	96.2	94.6	1.02	86.5	74.7	1.16
Ulaanbaatar	97.8	94.9	1.03	92.4	89.3	1.03
Residence						
Urban	97.7	95.0	1.03	92.2	88.6	1.04
Rural	95.1	93.5	1.02	82.2	74.8	1.10
Location						
Capital city	97.8	94.9	1.03	92.4	89.3	1.03
Aimag center	97.6	95.2	1.03	91.9	87.8	1.05
Soum center	96.7	97.9	0.99	89.7	87.5	1.02
Countryside	94.6	91.9	1.03	78.8	69.1	1.14
Mother's education						
None	86.2	83.8	1.03	56.0	61.5	0.91
Primary	87.8	88.7	0.99	71.7	60.1	1.19
Secondary (8th grade)	96.2	91.6	1.05	81.8	73.1	1.12
Secondary (10th grade)	96.6	95.7	1.01	91.9	86.6	1.06
Vocational	99.4	96.9	1.03	91.3	86.0	1.06
College, university	99.0	97.7	1.01	96.2	95.1	1.01
Wealth index quintiles						
Poorest	93.4	89.1	1.05	73.6	64.0	1.15
Second	95.4	93.1	1.03	84.1	77.0	1.09
Middle	97.1	95.3	1.02	90.5	85.7	1.06
Fourth	99.6	98.8	1.01	95.7	91.2	1.05
Richest	98.1	97.3	1.01	95.7	96.3	0.99
Total	96.4	94.3	1.02	88.1	82.6	1.07

* MICS Indicator 61; MDG Indicator 9

Table ED.8: Adult literacy
Percentage of women aged 15-24 years that are literate, Mongolia, 2005

	Percentage literate*	Percentage not known	Number of women aged 15-24 years
Region			
West	91.5	2.2	320
Khangai	91.0	0.0	521
Central	93.1	0.0	375
East	89.1	0.0	222
Ulaanbaatar	99.1	0.0	991
Residence			
Urban	98.3	0.1	1 520
Rural	88.1	0.7	909
Location			
Capital city	99.1	0.0	991
Aimag center	96.8	0.2	528
Soum center	96.9	0.0	221
Countryside	85.3	0.9	688
Mother's education			
None	27.4	3.1	162
Primary	95.4	0.4	455
Secondary (8th grade)	100.0	0.0	763
Secondary (10th grade)	100.0	0.0	525
Vocational	100.0	0.0	149
College, university	100.0	0.0	375
Age			
15-19	96.0	0.1	1 274
20-24	92.8	0.5	1 154
Wealth index quintiles			
Poorest	79.9	0.9	430
Second	92.6	0.6	468
Middle	97.7	0.0	488
Fourth	99.6	0.0	525
Richest	100.0	0.0	517
Total	94.5	0.3	2 428

* MICS Indicator 60; MDG Indicator 8

Table CP.1: Birth registration

Percent distribution of children aged 0-59 months by whether birth is registered and non-registration, Mongolia, 2005

	Birth is registered*	Number of children aged 0-59 months
Sex		
Male	98.6	1 842
Female	98.1	1 705
Region		
West	98.2	674
Khangai	98.8	832
Central	98.5	607
East	98.7	375
Ulaanbaatar	97.8	1 059
Residence		
Urban	98.0	1 856
Rural	98.7	1 691
Location		
Capital city	97.8	1 059
Aimag center	98.4	797
Soum center	98.7	386
Countryside	98.6	1 305
Age		
< 1 months	(42.7)	28
1-2 months	76.6	141
3-5 months	98.3	231
6-11 months	99.7	375
1 year and above	99.8	2 772
Mother's education		
None	96.3	161
Primary	98.3	297
Secondary (8th grade)	98.7	895
Secondary (10th grade)	98.6	1 023
Vocational	97.6	252
College, university	98.2	919
Wealth index quintiles		
Poorest	98.9	805
Second	98.2	838
Middle	98.1	688
Fourth	98.3	584
Richest	98.1	632
Total	98.3	3 547

* MICS Indicator 62

Table CP 2.1: Child labour (5-14)
Percentage of children aged 5-14 years who are involved in child labour activities by type of work, Mongolia, 2005

	Working outside household		Household chores for 28+ hours/week	Working for family business	Total child labour*	Number of children aged 5-14 years
	Paid work	Unpaid work				
Sex						
Male	0.6	1.0	9.4	10.1	18.9	3 012
Female	0.3	0.8	10.8	7.1	17.4	2 968
Region						
West	0.3	1.1	13.4	11.5	23.7	1 156
Khangai	0.4	1.1	15.2	17.4	29.9	1 580
Central	0.9	0.4	8.3	7.7	16.2	1 021
East	0.5	2.5	4.6	2.9	10.0	541
Ulaanbaatar	0.2	0.3	5.8	0.7	7.1	1 683
Residence						
Urban	0.5	0.4	7.7	2.3	10.6	3 084
Rural	0.4	1.5	12.6	15.3	26.2	2 896
Location						
Capital city	0.2	0.3	5.8	0.7	7.1	1 683
Aimag center	0.7	0.4	9.9	4.3	14.8	1 401
Soum center	0.3	0.7	13.2	6.5	19.1	745
Countryside	0.4	1.7	12.4	18.3	28.6	2 151
Age						
5-11 years	0.4	1.0	6.2	8.8	15.0	4 122
12-14 years	0.4	0.7	18.8	8.2	25.1	1 859
School participation						
Yes	0.4	0.8	10.6	8.0	18.1	5 198
No	0.3	1.5	6.5	12.7	18.3	782
Mother's education						
None	0.5	3.7	9.7	12.5	21.3	213
Primary	0.9	1.7	12.0	14.1	25.7	422
Secondary (8th grade)	0.2	1.5	10.1	10.5	19.8	1 546
Secondary (10th grade)	0.4	0.5	10.4	7.7	17.1	1 738
Vocational	0.9	0.1	9.4	10.8	20.3	697
College, university	0.3	0.4	9.4	4.1	13.6	1 365
Wealth index quintiles						
Poorest	0.8	1.9	13.5	19.6	30.3	1 385
Second	0.3	1.2	10.9	8.6	19.6	1 354
Middle	0.3	0.6	9.0	5.6	14.8	1 255
Fourth	0.5	0.4	9.5	4.3	14.1	1 065
Richest	0.1	0.0	5.8	1.1	7.0	921
Total	0.4	0.9	10.1	8.6	18.1	5 980

* MICS Indicator 71

Table CP.2.2: Child labour (5-17)
Percentage of children aged 5-17 years who are involved in child labour activities by type of work, Mongolia, 2005

	Working outside household		Household chores for 28+ hours/week	Working for family business	Total child labour	Number of children aged 5-17 years
	Paid work	Unpaid work				
Sex						
Male	0.7	1.1	12.8	10.8	22.4	4 014
Female	0.4	0.9	15.9	7.5	22.5	3 983
Region						
West	0.2	1.3	18.0	12.9	28.5	1 476
Khangaigai	0.7	1.3	19.7	17.9	34.1	2 080
Central	1.0	0.4	14.7	8.9	22.8	1 348
East	0.8	2.1	6.9	4.1	13.2	727
Ulaanbaatar	0.5	0.4	9.4	0.8	11.0	2 365
Residence						
Urban	0.6	0.4	11.8	2.4	14.9	4 308
Rural	0.6	1.6	17.3	17.0	31.3	3 689
Location						
Capital city	0.5	0.4	9.4	0.8	11.0	2 365
Aimag center	0.8	0.4	14.7	4.3	19.6	1 943
Soum center	0.4	0.9	19.4	7.6	25.7	1 017
Countryside	0.6	1.9	16.5	20.6	33.4	2 672
Age						
5-11 years	0.4	1.0	6.2	8.8	15.0	4 122
12-14 years	0.4	0.7	18.8	8.2	25.1	1 859
15-17 years	1.1	1.2	27.0	10.8	35.3	2 017
School participation						
Yes	0.4	0.8	14.2	7.9	21.3	6 913
No	1.6	1.8	15.0	17.3	29.7	1 084
Mother's education						
None	0.7	4.1	16.0	15.7	28.3	290
Primary	1.5	1.9	19.8	17.4	34.7	592
Secondary (8th grade)	0.5	1.6	13.2	11.8	23.6	1 964
Secondary (10th grade)	0.7	0.6	13.7	7.5	20.5	2 265
Vocational	0.8	0.3	15.8	10.4	25.1	957
College, university	0.3	0.4	13.5	4.2	17.6	1 929
Wealth index quintiles						
Poorest	1.0	2.2	17.1	21.9	35.0	1 717
Second	0.7	1.2	15.8	9.8	24.7	1 756
Middle	0.6	0.8	14.2	5.8	19.9	1 707
Fourth	0.4	0.3	13.2	4.7	17.8	1 495
Richest	0.2	0.1	10.3	1.1	11.8	1 321
Total	0.6	1.0	14.3	9.2	22.5	7 997

* MICS Indicator 71

Table CP.3.1: Labourer students and student labourers (5-14)
Percentage of children aged 5-14 years who are labourer students and student labourers, Mongolia, 2005

	Percentage of children in child labour	Percentage of children attending school	Number of children aged 5-14	Percentage of child labourers who are also attending school*	Number of child labourers aged 5-14	Percentage of students who are also involved in child labour**	Number of students aged 5-14
Sex							
Male	18.9	85.6	3 012	82.2	569	18.1	2 579
Female	17.4	88.3	2 968	91.9	516	18.1	2 620
Region							
West	23.7	81.9	1 156	83.3	274	24.2	946
Khangai	29.9	85.0	1 580	86.2	473	30.3	1 344
Central	16.2	89.7	1 021	87.8	165	15.8	916
East	10.0	87.0	541	89.2	54	10.2	470
Ulaanbaatar	7.1	90.5	1 683	94.9	119	7.4	1 522
Residence							
Urban	10.6	91.0	3 084	95.1	326	11.1	2 805
Rural	26.2	82.6	2 896	83.3	758	26.4	2 393
Location							
Capital city	7.1	90.5	1 683	94.9	119	7.4	1 522
Aimag center	14.8	91.5	1 401	95.2	208	15.4	1 283
Soum center	19.1	91.4	745	96.5	142	20.1	681
Countryside	28.6	79.6	2 151	80.2	616	28.9	1 712
Age							
5-11 years	15.0	83.2	4 122	83.9	618	15.1	3 431
12-14 years	25.1	95.1	1 859	90.6	467	24.0	1 767
Mother's education							
None	21.3	74.9	213	(73.9)	46	21.0	160
Primary	25.7	74.1	422	76.2	108	26.4	312
Secondary (8th grade)	19.8	81.5	1 546	80.2	307	19.5	1 259
Secondary (10th grade)	17.1	88.5	1 738	91.3	297	17.7	1 537
Vocational	20.3	91.5	697	92.3	141	20.4	638
College, university	13.6	94.6	1 365	95.7	186	13.7	1 292
Wealth index quintiles							
Poorest	30.3	74.8	1 385	76.4	420	30.9	1 036
Second	19.6	83.9	1 354	88.4	265	20.6	1 136
Middle	14.8	90.7	1 255	94.1	186	15.3	1 139
Fourth	14.1	93.8	1 065	99.3	150	14.9	999
Richest	7.0	96.4	921	98.4	64	7.1	888
Total	18.1	86.9	5 980	86.8	1 085	18.1	5 198

* MICS Indicator 72

** MICS Indicator 73

Table CP.3.2: Labourer students and student labourers (5-17)
Percentage of children aged 5-17 years who are labourer students and student labourers, Mongolia, 2005

	Percentage of children in child labour	Percentage of children attending school	Number of children aged 5-17	Percentage of child labourers who are also attending school	Number of child labourers aged 5-17	Percentage of students who are also involved in child labour	Number of students aged 5-17
Sex							
Male	22.4	84.7	4 014	77.2	900	20.4	3 401
Female	22.5	88.2	3 983	87.0	896	22.2	3 512
Region							
West	28.5	82.9	1 476	80.2	421	27.6	1 224
Khangai	34.1	83.8	2 080	81.5	710	33.2	1 744
Central	22.8	87.7	1 348	79.8	308	20.8	1 182
East	13.2	85.6	727	77.9	96	12.0	622
Ulaanbaatar	11.0	90.5	2 365	91.1	261	11.1	2 141
Residence							
Urban	14.9	91.0	4 308	91.1	641	14.9	3 919
Rural	31.3	81.2	3 689	77.1	1 155	29.7	2 995
Location							
Capital city	11.0	90.5	2 365	91.1	261	11.1	2 141
Aimag center	19.6	91.5	1 943	91.1	380	19.5	1 778
Soum center	25.7	90.5	1 017	92.0	261	26.1	921
Countryside	33.4	77.6	2 672	72.7	894	31.3	2 074
Age							
5-11 years	15.0	83.2	4 122	83.9	618	15.1	3 431
12-14 years	25.1	95.1	1 859	90.6	467	24.0	1 767
15-17 years	35.3	85.0	2 017	74.9	711	31.1	1 715
Mother's education							
None	28.3	70.2	290	60.2	82	24.3	204
Primary	34.7	72.0	592	66.7	206	32.2	426
Secondary (8th grade)	23.6	80.9	1 964	75.3	463	22.0	1 588
Secondary (10th grade)	20.5	88.2	2 265	87.4	465	20.3	1 998
Vocational	25.1	90.8	957	87.5	240	24.2	869
College, university	17.6	94.8	1 929	94.8	340	17.6	1 828
Wealth index quintiles							
Poorest	35.0	73.0	1 717	68.2	601	32.7	1 253
Second	24.7	82.8	1 756	82.6	434	24.6	1 454
Middle	19.9	90.1	1 707	89.4	339	19.7	1 537
Fourth	17.8	93.4	1 495	94.4	266	18.0	1 397
Richest	11.8	96.3	1 321	97.4	156	11.9	1 272
Total	22.5	86.4	7 997	82.1	1 796	21.3	6 913

* MICS Indicator 72

** MICS Indicator 73

Table CP-4: Child discipline
Percentage of children aged 2-14 years according to method of disciplining the child, Mongolia, 2005

	Only non-violent discipline	Percentage of children 2-14 years of age who experience:				Mother/caretaker believes that the child needs to be physically punished	Number of children aged 2-14 years
		Psychological punishment	Physical punishment	Any psychological or physical punishment*	No discipline or punishment		
Sex							
Male	15.1	80.2	41.9	81.5	3.4	15.7	2 307
Female	19.1	75.9	33.5	77.3	3.6	14.0	2 197
Region							
West	20.9	74.0	32.7	75.3	3.8	15.0	788
Khangai	14.7	79.5	45.4	80.9	4.4	24.0	1 108
Central	16.0	80.6	37.9	81.2	2.8	13.6	789
East	10.7	83.7	46.7	86.6	2.7	12.2	403
Ulaanbaatar	19.2	76.2	32.0	77.6	3.2	9.2	1 415
Residence							
Urban	17.3	78.1	35.2	79.3	3.4	11.7	2 475
Rural	16.8	78.1	40.9	79.6	3.6	18.8	2 029
Location							
Capital city	19.2	76.2	32.0	77.6	3.2	9.2	1 415
Aimag center	14.8	80.6	39.5	81.6	3.6	15.0	1 060
Soum center	14.6	81.0	43.2	82.7	2.7	13.5	516
Countryside	17.5	77.1	40.1	78.5	3.9	20.6	1 513
Age							
2-4 years	21.3	71.9	39.6	74.0	4.7	13.6	1 285
5-9 years	14.3	81.7	43.5	82.9	2.9	16.3	1 524
10-14 years	16.4	79.5	31.2	80.5	3.1	14.5	1 694
Mother's education							
None	21.9	67.8	40.2	71.2	6.9	28.7	173
Primary	22.4	70.7	40.8	72.7	4.9	21.2	346
Secondary (8th grade)	15.5	80.2	44.2	81.5	3.0	19.1	1 054
Secondary (10th grade)	15.1	80.1	36.5	81.3	3.5	13.7	1 276
Vocational	16.4	80.0	36.6	81.1	2.4	15.3	445
College, university	18.5	77.0	32.7	78.1	3.3	8.5	1 210
Wealth index quintiles							
Poorest	17.5	76.8	44.5	78.7	3.8	23.6	913
Second	15.8	78.7	39.8	79.7	4.5	16.2	946
Middle	16.1	79.4	37.8	80.8	3.1	13.9	923
Fourth	18.8	77.5	32.6	78.6	2.6	9.5	868
Richest	17.4	78.0	33.6	79.3	3.3	10.7	854
Total	17.1	78.1	37.8	79.4	3.5	14.9	4 504

* MICS Indicator 74

Table CP.5: Early marriage
 Percentage of women aged 20-49 in marriage or union before their 18th birthday, percentage of women aged 15-19 currently married or in union, Mongolia, 2005

Region	Percentage married before age 18*	Number of women aged 20-49 years	Percentage of women 15-19 years married/in union**	Number of women aged 15-19 years
Region				
West	5.1	946	0.6	172
Khangai	7.7	1 417	3.5	281
Central	9.7	1 052	7.1	191
East	11.2	531	0.0	125
Ulaanbaatar	6.9	2 238	3.5	506
Residence				
Urban	6.6	3 625	2.3	843
Rural	9.2	2 560	5.2	431
Location				
Capital city	6.9	2 238	3.5	506
Aimag center	6.1	1 386	0.6	338
Soum center	5.7	635	2.2	136
Countryside	10.3	1 925	6.6	295
Age				
15-19	na	na	3.3	1 274
20-24	9.0	1 154	na	na
25-29	8.4	1 318	na	na
30-34	7.0	1 121	na	na
35-39	4.2	1 041	na	na
40-44	6.9	897	na	na
45-49	11.3	653	na	na
Education				
None	17.2	229	7.8	63
Primary	19.1	415	1.2	334
Secondary (8th grade)	12.6	1 363	2.2	548
Secondary (10th grade)	5.2	1 673	5.4	223
Vocational	5.7	592	5.4	93
College, university	3.3	1 914	(*)	14
Wealth index quintiles				
Poorest	11.4	1 147	7.0	195
Second	9.9	1 202	3.0	233
Middle	6.8	1 228	1.1	274
Fourth	6.3	1 267	4.3	282
Richest	4.5	1 342	2.1	290
Total	7.7	6 185	3.3	1 274

* MICS Indicator 67

** MICS Indicator 68

Table CP.6: Spousal age difference
Percent distribution of currently married/in union women aged 15-19 and 20-24 according to the age difference with their husband or partner, Mongolia, 2005

Region	Percentage of currently married/in union women aged 15-19 whose husband or partner is:				Percentage of currently married/in union women aged 20-24 whose husband or partner is:				Total	Number of women aged 15-19 years currently married/in union	Total	Number of women aged 20-24 years currently married/in union
	Younger		Older*		Younger		Older*					
	0-4 years older	5-9 years older	10+ years older*	0-4 years older	5-9 years older	10+ years older*	0-4 years older	5-9 years older				
West	0.0	100.0	0.0	0.0	10.9	69.6	18.5	1.1	0.0	100.0	91	
Khangai	0.0	40.0	60.0	0.0	6.0	62.9	26.7	4.4	0.0	100.0	135	
Central	0.0	42.8	50.0	7.2	6.5	69.2	21.5	2.8	0.0	100.0	103	
East	0.0	0.0	0.0	0.0	6.7	70.1	21.6	0.0	1.7	100.0	59	
Ulaanbaatar	5.9	76.5	5.9	11.8	12.2	65.4	17.6	4.8	0.0	100.0	194	
Residence												
Urban	5.3	73.9	10.2	10.6	11.7	66.3	18.4	3.6	0.0	100.0	287	
Rural	0.0	43.5	52.2	4.3	6.3	67.0	23.3	3.0	0.3	100.0	294	
Location												
Capital city	2.5	32.0	2.5	4.9	4.1	21.9	5.9	1.6	0.0	33.5	194	
Aimeg center	0.0	2.3	2.3	0.0	1.7	10.8	3.2	0.2	0.0	15.9	92	
Soum center	0.0	2.3	4.7	0.0	0.3	4.7	1.4	0.2	0.0	6.6	38	
Countryside	0.0	21.0	23.2	2.3	2.9	29.2	10.5	1.4	0.2	44.1	256	
Age												
15-19	2.5	57.6	32.7	7.2	0.0	0.0	0.0	0.0	0.0	0.0	0	
20-24	0.0	0.0	0.0	0.0	9.0	66.6	20.9	3.3	0.2	100.0	581	
Education												
None	0.0	20.2	60.1	19.6	2.1	68.9	24.8	4.1	0.0	100.0	47	
Primary	0.0	0.0	100.0	0.0	5.2	71.6	20.6	2.5	0.0	100.0	77	
Secondary (8th grade)	0.0	75.4	24.6	0.0	8.6	64.5	23.6	3.2	0.0	100.0	126	
Secondary (10th grade)	0.0	74.9	16.5	8.6	9.8	67.3	20.2	2.0	0.6	100.0	153	
Vocational	20.6	60.4	19.0	0.0	15.5	47.6	15.9	21.0	0.0	100.0	19	
College, university	0.0	50.9	23.7	25.4	11.6	66.8	19.0	2.6	0.0	100.0	159	
Wealth index quintiles												
Poorest	0.0	35.8	57.1	7.0	4.6	67.1	21.7	5.9	0.6	100.0	149	
Second	0.0	58.1	41.9	0.0	5.4	67.5	26.3	0.8	0.0	100.0	128	
Middle	0.0	65.9	0.0	34.1	11.8	60.9	24.3	3.0	0.0	100.0	102	
Fourth	8.5	67.1	24.4	0.0	16.9	69.7	12.5	0.9	0.0	100.0	114	
Richest	0.0	82.9	0.0	17.1	8.2	67.2	18.6	5.9	0.0	100.0	88	
Total	2.5	57.6	32.7	7.2	9.0	66.6	20.9	3.3	0.2	100.0	581	

* MICS Indicator 69

Table CP.7: Attitudes toward domestic violence
 Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances, Mongolia, 2005

Region	Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner:							Number of women aged 15-49 years
	When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	For any of these reasons*		
West	8.4	21.5	15.8	8.9	7.1	32.9	1 118	
Khangai	6.9	16.1	10.7	5.8	5.3	23.4	1 698	
Central	3.9	12.2	8.9	3.1	2.5	21.5	1 243	
East	5.8	11.5	16.4	11.5	3.0	25.0	657	
Ulaanbaatar	2.1	5.4	7.4	3.5	0.9	11.8	2 744	
Residence								
Urban	3.6	8.2	8.7	4.3	1.8	15.4	4 468	
Rural	6.6	17.5	13.0	7.2	5.5	27.9	2 991	
Location								
Capital city	2.1	5.4	7.4	3.5	0.9	11.8	2 744	
Aimag center	5.9	12.6	10.8	5.5	3.3	21.0	1 724	
Soum center	5.6	15.3	12.1	6.5	3.7	24.5	771	
Countryside	6.9	18.3	13.4	7.5	6.1	29.1	2 220	
Age								
15-19	3.3	10.2	6.8	2.6	2.5	16.9	1 274	
20-24	4.9	11.3	10.5	5.0	3.3	20.5	1 154	
25-29	4.5	12.0	10.6	5.1	4.0	20.9	1 318	
30-34	4.2	12.1	11.1	6.0	2.7	20.4	1 121	
35-39	6.8	12.6	12.1	7.5	3.2	23.0	1 041	
40-44	5.7	14.4	12.8	7.4	4.4	21.4	897	
45-49	4.5	11.6	10.5	5.5	3.2	20.4	653	
Marital/Union status								
Currently married/in union	5.3	12.9	11.6	6.5	3.7	22.0	4 523	
Formerly married/in union	5.1	11.3	11.5	5.7	2.5	20.0	801	
Never married/in union	3.4	10.1	7.7	3.2	2.9	17.2	2 135	
Education								
None	10.2	20.3	16.9	11.2	7.1	34.2	292	
Primary	6.4	15.4	10.5	6.0	5.3	24.2	749	
Secondary (8th grade)	5.4	15.0	11.4	5.8	4.6	24.2	1 911	
Secondary (10th grade)	4.2	9.9	10.0	5.0	2.2	18.7	1 895	
Vocational	5.2	12.0	10.2	5.1	3.8	19.2	684	
College, university	3.0	8.2	9.2	4.6	1.6	15.2	1 928	
Wealth index quintiles								
Poorest	8.0	20.6	14.6	8.6	6.7	32.0	1 342	
Second	5.8	14.9	11.9	6.4	4.8	24.2	1 435	
Middle	4.8	11.1	10.1	5.0	2.4	19.6	1 502	
Fourth	4.2	8.1	8.4	3.7	2.2	14.8	1 549	
Richest	1.8	6.6	8.2	4.2	1.0	13.5	1 632	
Total	4.8	11.9	10.5	5.5	3.3	20.4	7 459	

* MICS Indicator 100

Table CP.8: Child disability
Percentage of children 2-9 years of age with disability reported by their mother or caretaker according to the type of disability, Mongolia, 2005

Region	Percentage of children aged 2-9 years with reported disability by type of disability										2 years		
	Delay in sitting standing or walking	Difficulty seeing, either in the daytime or at night	Appears to have difficulty hearing	No understanding of instructions	Difficulty in walking, moving, or weakness	Have fits, become rigid, lose consciousness	Not learning to do things like other children his/her age	No speaking cannot be understood in words	Appears mentally backward, dull, or slow	Percentage of children 2-9 years of age with at least one reported disability*	Number of children aged 2-9 years	Cannot name at least one object	Number of children aged 2 years
West	2.6	1.7	1.4	2.5	3.1	2.2	2.3	4.4	3.2	13.6	983	6.2	160
Khangai	3.1	4.3	2.2	2.2	3.9	2.8	2.4	4.1	4.7	19.2	1 254	7.6	169
Central	2.2	2.7	2.5	1.5	2.7	2.7	1.2	3.9	3.8	14.9	844	2.4	125
East	4.4	6.6	4.9	3.5	6.2	3.9	3.5	7.0	13.3	29.7	479	18.7	63
Ulaanbaatar	2.9	3.0	1.4	2.0	4.1	1.9	2.1	3.5	3.1	12.8	1 350	9.7	199
Residence													
Urban	3.1	4.0	1.9	1.9	4.2	2.1	2.1	3.8	4.3	15.0	2 436	8.8	357
Rural	2.7	2.8	2.3	2.5	3.5	2.9	2.2	4.7	5.0	18.2	2 474	7.1	359
Location													
Capital city	2.9	3.0	1.4	2.0	4.1	1.9	2.1	3.5	3.1	12.8	1 350	9.7	199
Aimag center	3.4	5.3	2.7	1.8	4.2	2.5	2.2	4.2	5.7	17.7	1 086	7.6	158
Soum center	2.8	2.7	4.6	2.4	3.3	1.4	2.9	4.3	4.5	18.2	574	5.7	85
Countryside	2.7	2.8	1.6	2.5	3.5	3.4	2.0	4.8	5.2	18.2	1 900	7.5	274
Age of child													
2-4	2.8	2.2	1.3	2.5	3.0	2.4	2.2	7.2	4.0	17.9	2 033	7.9	716
5-6	2.9	3.2	2.1	1.6	4.3	2.8	2.2	2.2	4.0	14.4	1 264	na	0
7-9	3.0	5.1	3.3	2.4	4.5	2.5	2.2	2.2	6.0	16.7	1 612	na	0
Education													
None	3.6	0.5	1.0	3.6	5.2	5.2	3.1	9.3	7.8	23.3	191	(16.6)	42
Primary	4.6	3.9	3.1	3.6	5.1	4.6	3.3	6.9	6.4	24.9	388	5.3	56
Secondary (8th grade)	2.7	3.5	2.5	2.7	4.4	2.7	2.4	4.4	5.7	17.3	1 348	8.2	181
Secondary (10th grade)	2.7	2.6	1.6	1.6	3.1	2.1	1.9	4.0	4.3	14.9	1 428	8.0	214
Vocational	4.7	4.6	3.1	1.5	5.3	1.6	2.0	3.3	3.5	16.9	454	(4.1)	49
College, university	1.9	4.1	1.8	2.0	2.8	2.1	1.8	3.0	3.2	13.9	1 101	7.4	174
Wealth index quintiles													
Poorest	3.2	3.2	2.4	2.8	4.0	3.7	2.3	6.0	5.6	19.8	1 197	8.6	172
Second	3.4	3.4	2.7	2.3	4.4	2.9	2.8	5.0	5.3	19.1	1 184	7.2	177
Middle	3.6	3.6	2.0	2.4	4.0	2.4	2.4	4.4	5.4	16.8	953	8.8	137
Fourth	2.1	3.5	1.6	1.8	3.1	1.2	1.0	1.6	2.7	11.4	823	10.1	99
Richest	1.7	3.2	1.6	1.3	3.3	1.7	2.1	3.1	3.3	13.2	753	5.4	131
Total	2.9	3.4	2.1	2.2	3.8	2.5	2.2	4.2	4.6	16.6	4 910	7.9	716

* MICS Indicator 101

Table HA.1: Knowledge of preventing HIV transmission
 Percentage of women aged 15-49 years who know the main ways of preventing HIV transmission, Mongolia, 2005

Region	Heard of AIDS	Percentage who know transmission can be prevented by:					Number of women	
		Having only one faithful uninfected sex partner	Using a condom every time	Abstaining from sex	Knows all three ways	Knows at least one way		Doesn't know any way
Region								
West	73.0	58.0	60.4	53.2	41.6	69.6	30.4	1 118
Khangai	85.6	73.4	70.1	64.2	53.4	81.9	18.1	1 698
Central	90.0	77.5	80.7	71.3	59.9	88.1	11.9	1 243
East	91.2	70.7	66.5	60.8	47.8	81.6	18.4	657
Ulaanbaatar	92.6	79.1	82.3	72.3	62.8	89.5	10.5	2 744
Residence								
Urban	92.5	77.6	80.2	71.5	60.2	88.9	11.1	4 468
Rural	80.0	67.6	66.3	58.9	48.8	76.4	23.6	2 991
Location								
Capital city	92.6	79.1	82.3	72.3	62.8	89.5	10.5	2 744
Aimag center	92.4	75.3	76.8	70.2	56.2	87.8	12.2	1 724
Soum center	87.0	73.6	75.3	68.9	56.2	84.9	15.1	771
Countryside	77.6	65.6	63.1	55.4	46.3	73.4	26.6	2 220
Age								
15-19	83.1	63.9	68.3	62.1	47.6	77.9	22.1	1 274
20-24	84.9	73.1	72.2	64.1	54.7	81.2	18.8	1 154
25-29	90.3	76.8	79.3	68.8	59.4	87.4	12.6	1 318
30-34	91.6	79.2	78.7	70.9	60.4	88.8	11.2	1 121
35-39	89.2	75.9	75.9	66.7	57.1	85.2	14.8	1 041
40-44	86.5	74.2	74.2	67.1	55.8	83.7	16.3	897
45-49	86.6	73.1	73.1	64.8	54.6	82.7	17.3	653
Education								
None	44.8	36.1	32.0	29.9	25.2	39.1	60.9	292
Primary	69.3	54.0	51.7	48.7	35.8	64.1	35.9	749
Secondary (8th grade)	83.9	68.6	70.0	62.3	50.6	79.4	20.6	1 911
Secondary (10th grade)	93.1	79.5	80.0	71.1	60.2	89.6	10.4	1 895
Vocational	92.1	80.0	79.7	68.9	60.6	88.8	11.2	684
College, university	97.4	83.8	87.3	77.3	66.8	95.3	4.7	1 928
Wealth index quintiles								
Poorest	72.1	60.5	58.0	50.8	41.6	68.1	31.9	1 342
Second	82.9	70.7	67.3	62.2	51.3	79.0	21.0	1 435
Middle	89.7	74.1	77.0	67.6	56.3	86.1	13.9	1 502
Fourth	94.3	81.9	83.3	74.2	63.9	91.4	8.6	1 549
Richest	95.7	78.8	84.2	74.4	62.6	91.9	8.1	1 632
Total	87.5	73.6	74.6	66.4	55.7	83.9	16.1	7 459

Table HA.2: Identifying misconceptions about HIV/AIDS
 Percentage of women aged 15-49 years who correctly identify misconceptions about HIV/AIDS, Mongolia, 2005

Region	Percent who know that:					Number of women
	HIV cannot be transmitted by sharing food	HIV cannot be transmitted by mosquito bites	A healthy looking person can be infected	Reject two most common misconceptions and know a healthy-looking person can be infected	HIV cannot be transmitted by supramatural means	
Region						
West	37.8	40.6	61.4	24.0	50.4	1 118
Khangai	49.6	52.9	74.9	33.9	66.9	1 698
Central	57.8	54.7	77.5	36.3	74.7	1 243
East	45.6	51.8	67.9	27.9	67.2	657
Ulaanbaatar	71.5	61.3	80.7	48.4	80.5	2 744
Residence						
Urban	68.1	60.1	80.6	45.8	78.5	4 468
Rural	40.2	45.8	66.3	25.3	59.1	2 991
Location						
Capital city	71.5	61.3	80.7	48.4	80.5	2 744
Almag center	62.6	58.1	80.4	41.8	75.4	1 724
Soum center	52.3	51.7	75.7	33.5	69.5	771
Countryside	36.0	43.8	63.0	22.4	55.5	2 220
Age						
15-19	58.5	56.9	71.3	41.8	68.4	1 274
20-24	56.4	52.4	72.2	36.4	68.3	1 154
25-29	58.4	57.9	77.4	38.6	72.9	1 318
30-34	60.6	58.3	78.7	41.5	75.6	1 121
35-39	55.4	52.8	75.7	34.6	70.9	1 041
40-44	55.3	49.1	74.8	34.2	69.6	897
45-49	49.4	48.7	73.1	32.2	68.4	653
Education						
None	13.1	19.5	30.3	6.8	25.6	292
Primary	36.1	39.6	53.0	24.0	46.1	749
Secondary (8th grade)	44.4	49.5	69.4	28.3	62.5	1 911
Secondary (10th grade)	61.4	55.6	80.3	38.5	75.4	1 895
Vocational	59.5	56.0	77.3	37.4	75.2	684
College, university	78.6	68.3	89.2	55.9	89.1	1 928
Wealth index quintiles						
Poorest	30.3	39.2	56.8	17.7	48.7	1 342
Second	42.6	46.8	69.4	27.7	61.8	1 435
Middle	58.2	53.7	75.6	37.5	72.3	1 502
Fourth	70.0	62.9	83.1	46.8	82.5	1 549
Richest	77.7	65.9	85.8	54.0	84.1	1 632
Total	56.9	54.3	74.8	37.6	70.8	7 459

Table HA.3: Comprehensive knowledge of HIV/AIDS transmission
 Percentage of women aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission, Mongolia, 2005

Region	Knows 2 ways to prevent HIV transmission		Correctly identify 3 misconceptions about HIV transmission		Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*		Number of women
	Knows 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*	Have comprehensive knowledge (identify 2 prevention methods and 3 misconceptions)*	
West	51.1	24.0	18.4			1 118	
Khangai	63.3	33.9	26.7			1 698	
Central	70.9	36.3	30.8			1 243	
East	58.8	27.9	21.3			657	
Ulaanbaatar	73.6	48.4	41.2			2 744	
Residence							
Urban	70.9	45.8	38.0			4 468	
Rural	59.0	25.3	20.5			2 991	
Location							
Capital city	73.6	48.4	41.2			2 744	
Aimag center	66.6	41.8	33.0			1 724	
Soum center	65.8	33.5	28.3			771	
Countryside	56.6	22.4	17.8			2 220	
Age							
15-19	56.8	41.8	32.3			1 274	
20-24	65.7	36.4	30.4			1 154	
15-24	61.0	39.3	31.4			2 428	
25-29	70.2	38.6	33.0			1 318	
30-34	71.0	41.5	34.5			1 121	
35-39	68.4	34.6	29.7			1 041	
40-44	66.5	34.2	28.7			897	
45-49	64.5	32.2	24.9			653	
Education							
None	29.7	6.8	4.4			292	
Primary	44.1	24.0	16.4			749	
Secondary (8th grade)	61.0	28.3	22.7			1 911	
Secondary (10th grade)	71.5	38.5	32.3			1 895	
Vocational	72.9	37.4	32.3			684	
College, university	77.6	55.9	47.3			1 928	
Wealth index quintiles							
Poorest	51.4	17.7	14.0			1 342	
Second	61.0	27.7	21.7			1 435	
Middle	67.5	37.5	31.1			1 502	
Fourth	74.9	46.8	39.8			1 549	
Richest	73.2	54.0	44.8			1 632	
Total	66.1	37.6	31.0			7 459	

* MICS Indicator 82; MDG Indicator 19B

Table HA-4: Knowledge of mother-to-child HIV transmission
 Percentage of women aged 15-49 who correctly identify means of HIV transmission from mother to child, Mongolia, 2005

Region	Know HIV can be transmitted from mother to child		Percent who know HIV can be transmitted:			Did not know any specific way	Number of women
	During pregnancy	At delivery	Through breastmilk		All three ways*		
			At delivery	Through breastmilk			
West	62.6	49.2	46.9	36.8	10.4	1 118	
Khangai	76.3	58.0	60.2	45.4	9.2	1 698	
Central	83.6	69.8	61.4	51.4	6.3	1 243	
East	78.9	61.5	62.5	48.7	12.3	657	
Ulaanbaatar	86.3	71.7	64.7	54.6	6.3	2 744	
Residence							
Urban	85.5	69.5	64.1	52.6	7.0	4 468	
Rural	70.2	55.7	54.6	43.0	9.8	2 991	
Location							
Capital city	86.3	71.7	64.7	54.6	6.3	2 744	
Aimeg center	84.3	74.7	63.0	49.6	8.2	1 724	
Soum center	77.8	63.2	59.4	48.4	9.2	771	
Countryside	67.6	53.1	53.0	41.1	10.0	2 220	
Age							
15-19	71.1	54.9	54.1	43.0	12.0	1 274	
20-24	77.6	59.7	59.1	46.0	7.3	1 154	
25-29	83.3	67.9	63.8	51.3	7.0	1 318	
30-34	83.4	76.4	60.3	49.6	8.2	1 121	
35-39	82.2	75.3	63.1	51.9	7.0	1 041	
40-44	78.6	69.7	61.5	49.6	8.0	897	
45-49	80.6	75.1	61.1	52.3	6.0	653	
Education							
None	34.7	29.3	25.6	19.1	10.1	292	
Primary	56.0	49.2	44.0	33.4	13.3	749	
Secondary (8th grade)	72.8	56.5	56.2	43.5	11.1	1 911	
Secondary (10th grade)	85.4	78.1	65.6	53.1	7.7	1 895	
Vocational	85.3	77.6	59.9	48.6	6.7	684	
College, university	93.7	86.7	70.8	60.2	3.7	1 928	
Wealth index quintiles							
Poorest	60.8	54.5	49.5	37.9	11.2	1 342	
Second	73.5	58.1	56.4	45.0	9.4	1 435	
Middle	81.1	73.5	59.4	46.3	8.7	1 502	
Fourth	87.7	81.0	64.4	54.3	6.6	1 549	
Richest	90.3	82.7	69.5	58.1	5.3	1 632	
Total	79.4	72.3	60.3	48.8	8.1	7 459	

* MICS Indicator 89

Table HA.5: Attitudes toward people living with HIV/AIDS
 Percentage of women aged 15-49 years who have heard of AIDS who express a discriminatory attitude towards people living with HIV/AIDS, Mongolia, 2005

Region	Percent of women who:							Number of women who have heard of AIDS
	Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a female teacher with HIV should not be allowed to work	Would not buy fresh vegetable from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*		
Region								
West	17.0	28.5	55.4	79.8	88.2	11.8	816	
Khangaï	17.6	38.1	48.4	68.5	85.3	14.7	1 453	
Central	16.2	35.3	47.3	72.0	86.4	13.6	1 118	
East	17.4	48.8	60.6	80.4	95.1	4.9	599	
Ulaanbaatar	8.3	52.6	28.9	59.0	84.6	15.4	2 540	
Residence								
Urban	10.1	49.5	33.6	61.9	84.5	15.5	4 133	
Rural	19.8	32.0	58.1	78.3	89.8	10.2	2 393	
Location								
Capital city	8.3	52.6	28.9	59.0	84.6	15.4	2 540	
Aimag center	13.0	44.5	41.2	66.5	84.5	15.5	1 593	
Soum center	16.4	36.9	50.2	72.8	86.9	13.1	671	
Countryside	21.1	30.1	61.2	80.4	90.9	9.1	1 722	
Age								
15-19	11.8	47.7	37.6	59.4	82.4	17.6	1 059	
20-24	14.0	43.9	38.4	64.9	85.8	14.2	980	
25-29	14.5	41.3	41.9	68.1	86.9	13.1	1 190	
30-34	14.0	43.1	43.5	69.6	87.2	12.8	1 027	
35-39	14.3	40.7	47.2	71.2	87.9	12.1	929	
40-44	13.7	42.0	46.9	70.6	87.0	13.0	777	
45-49	12.8	41.8	45.8	76.2	89.8	10.2	565	
Education								
None	18.8	34.7	71.3	84.1	91.0	9.0	131	
Primary	18.1	37.5	57.8	75.9	89.6	10.4	519	
Secondary (8th grade)	16.4	37.5	52.8	74.5	89.4	10.6	1 603	
Secondary (10th grade)	13.4	44.1	45.0	69.9	87.2	12.8	1 765	
Vocational	15.9	40.5	44.1	70.6	87.2	12.8	630	
College, university	9.2	49.8	25.0	56.1	81.9	18.1	1 878	
Wealth index quintiles								
Poorest	23.3	30.1	65.2	82.4	92.2	7.8	967	
Second	17.8	33.3	55.1	78.2	89.5	10.5	1 189	
Middle	13.3	43.0	43.4	68.0	86.1	13.9	1 348	
Fourth	9.6	50.2	34.4	62.7	85.8	14.2	1 461	
Richest	8.5	51.9	26.2	55.8	81.5	18.5	1 561	
Total	13.6	43.1	42.6	67.9	86.5	13.5	6 526	

* MICS Indicator 86

Table HA.6: Knowledge of a facility for HIV testing
 Percentage of women aged 15-49 years who know where to get an HIV test, percentage of women who have been tested and, of those tested the percentage who have been told the result, Mongolia, 2005

Region	Know a place to get tested*	Have been tested**	Number of women	If tested, have been told result	Number of women who have been tested for HIV
West	37.8	5.5	1 118	95.2	62
Khangai	43.5	7.7	1 698	85.5	131
Central	55.5	15.5	1 243	91.1	192
East	41.2	10.3	657	91.4	68
Ulaanbaatar	77.4	23.1	2 744	97.2	635
Residence					
Urban	69.9	19.7	4 468	95.5	880
Rural	37.5	7.0	2 991	89.1	208
Location					
Capital city	77.4	23.1	2 744	97.2	635
Aimag center	58.0	14.2	1 724	90.9	245
Soum center	48.1	9.0	771	91.5	69
Countryside	33.9	6.2	2 220	88.0	139
Age					
15-19	41.9	4.4	1 274	89.5	56
20-24	58.2	17.9	1 154	93.7	207
25-29	62.9	20.5	1 318	94.5	270
30-34	63.3	19.4	1 121	95.5	217
35-39	59.9	17.0	1 041	94.9	177
40-44	56.6	11.2	897	93.0	101
45-49	56.7	9.1	653	95.0	59
Education					
None	15.5	3.7	292	(*)	11
Primary	26.9	4.4	749	(85.2)	33
Secondary (8th grade)	42.1	7.4	1 911	91.7	142
Secondary (10th grade)	62.8	16.7	1 895	93.7	317
Vocational	62.1	13.3	684	92.4	91
College, university	82.0	25.6	1 928	96.8	494
Wealth index quintiles					
Poorest	28.3	4.6	1 342	84.1	62
Second	42.4	9.5	1 435	92.0	136
Middle	59.2	15.6	1 502	93.7	235
Fourth	72.1	18.6	1 549	95.8	289
Richest	76.9	22.4	1 632	95.9	366
Total	56.9	14.6	7 459	94.3	1 088

* MICS Indicator 87

** MICS Indicator 88

Table HA.7: HIV testing and counseling coverage during antenatal care
 Percentage of women aged 15-49 years who gave birth in the two years preceding the survey who were offered HIV testing and counseling with their antenatal care, Mongolia, 2005

Region	Received antenatal care from a health professional for last pregnancy	Percent of women who:				Number of women who gave birth in two years preceding the survey
		Were provided information about HIV prevention during ANC visit*	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit**		
Region						
West	97.3	49.9	8.9	8.1	252	
Khangai	99.7	58.9	16.5	13.4	322	
Central	99.2	63.4	36.1	34.5	239	
East	97.0	58.2	23.4	22.2	163	
Ulaanbaatar	99.6	71.2	69.0	67.7	481	
Residence						
Urban	98.9	70.6	55.0	53.3	801	
Rural	98.8	51.6	13.8	12.3	656	
Location						
Capital city	99.6	71.2	69.0	67.7	481	
Aimag center	97.9	69.7	34.0	31.6	321	
Soum center	99.4	63.0	16.1	14.9	157	
Countryside	98.6	48.0	13.1	11.5	499	
Age						
15-19	95.8	47.1	41.4	41.4	71	
20-24	98.7	55.2	32.2	30.6	444	
25-29	99.6	66.6	37.6	35.7	452	
30-34	99.6	69.4	41.3	39.8	270	
35-49	97.7	62.3	35.4	33.5	220	
Education						
None	97.2	30.9	12.6	8.4	70	
Primary	98.3	39.5	15.4	14.5	117	
Secondary (8th grade)	98.3	56.2	22.6	20.7	345	
Secondary (10th grade)	99.5	68.9	40.3	38.3	413	
Vocational	96.9	59.3	35.0	32.9	95	
College, university	99.5	72.4	54.5	53.8	417	
Wealth index quintiles						
Poorest	98.7	42.8	11.0	9.1	313	
Second	98.2	59.6	21.9	20.4	322	
Middle	98.2	68.4	42.9	41.0	272	
Fourth	99.6	71.0	56.0	54.5	262	
Richest	99.7	71.7	56.7	55.3	288	
Total	98.9	62.1	36.5	34.9	1 457	

* MICS Indicator 90

** MICS Indicator 91

Table HA.8: Children's living arrangements and orphanhood
 Percent distribution of children aged 0-17 years according to living arrangements, percentage of children aged 0-17 years in households not living with a biological parent and percentage of children who are orphans, Mongolia, 2005

	Living with both parents		Living with neither parent		Living with mother		Living with father		Impossible to determine	Total	Not living with a biological parent*	One or both parents dead**	Number of children
	Only father alive	Only mother alive	Both are alive	Both are dead	Father alive	Father dead	Mother alive	Mother dead					
Sex													
Male	0.2	0.2	2.4	0.5	12.0	6.2	0.5	0.7	0.7	100.0	3.3	7.9	5 862
Female	0.2	0.6	3.0	0.6	11.4	6.1	0.6	0.5	1.0	100.0	4.3	8.0	5 698
Region													
West	0.2	0.1	1.8	0.5	3.1	5.3	0.3	0.6	0.6	100.0	2.6	6.8	2 153
Khangai	0.2	0.5	1.8	0.3	9.1	5.7	0.3	1.0	0.5	100.0	2.7	7.7	2 916
Central	0.3	0.3	2.9	0.7	13.7	5.2	0.5	0.5	0.9	100.0	4.2	7.0	1 958
East	0.3	0.5	3.0	0.3	12.6	5.1	0.4	0.2	0.9	100.0	4.0	6.3	1 104
Ulaanbaatar	0.1	0.5	3.8	0.9	17.9	8.0	1.1	0.5	1.2	100.0	5.2	9.9	3 429
Residence													
Urban	0.2	0.4	3.5	0.8	15.7	7.1	0.9	0.6	0.9	100.0	4.9	9.2	6 172
Rural	0.1	0.3	1.8	0.3	7.2	5.1	0.2	0.6	0.7	100.0	2.5	6.4	5 388
Location													
Capital city	0.1	0.5	3.8	0.9	17.9	8.0	1.1	0.5	1.2	100.0	5.2	9.9	3 429
Aimag center	0.4	0.4	3.1	0.7	12.9	6.0	0.5	0.8	0.6	100.0	4.6	8.4	2 743
Soum center	0.3	0.3	1.7	0.7	9.6	5.1	0.1	0.5	0.4	100.0	3.0	6.9	1 407
Countryside	0.0	0.3	1.8	0.2	6.3	5.1	0.3	0.6	0.9	100.0	2.4	6.3	3 981
Age													
0-4 years	0.1	0.1	2.3	0.1	16.1	2.5	0.5	0.2	0.9	100.0	2.7	3.1	3 563
5-9 years	0.1	0.4	3.0	0.3	10.5	4.3	0.4	0.3	0.8	100.0	3.9	5.5	2 877
10-14 years	0.3	0.4	2.8	0.8	9.6	8.0	0.7	0.8	0.8	100.0	4.4	10.3	3 104
15-17 years	0.1	0.8	2.6	1.4	8.9	12.5	0.7	1.4	0.7	100.0	5.0	16.3	2 017
Wealth index quintiles													
Poorest	0.1	0.2	1.2	0.2	6.4	5.6	0.3	0.6	1.0	100.0	1.7	6.7	2 525
Second	0.2	0.3	1.7	0.5	12.1	6.2	0.5	0.9	0.9	100.0	2.7	8.1	2 595
Middle	0.5	0.3	2.6	0.8	13.0	8.4	0.5	0.5	0.8	100.0	4.3	10.6	2 402
Fourth	0.1	0.7	3.4	0.7	12.4	4.8	0.8	0.2	0.6	100.0	4.9	6.6	2 083
Richest	0.1	0.5	5.2	0.6	15.9	5.6	0.9	0.7	0.8	100.0	6.4	7.5	1 955
Total	0.2	0.4	2.7	0.6	11.7	6.2	0.6	0.6	0.8	100.0	3.8	7.9	11 560

* MICS Indicator 78

** MICS Indicator 75

APPENDIX I. SAMPLE DESIGN

The major features of sample design are described in this appendix. Sample design features include target sample size, sample allocation, sample frame and listing, choice of domains, sampling stages, stratification, and the calculation of sample weights.

The primary objective of the sample design for the Mongolia Multiple Indicator Cluster Survey was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas, and for the five regions (Western, Khangai, Central, Eastern, Ulaanbaatar) of Mongolia. Urban and rural areas within regions were defined as the sampling domains.

A multi-stage, stratified cluster sampling approach was used for the selection of the survey sample.

Sample Size and Sample Allocation

The target sample size for the Mongolia MICS was calculated as 6325 households. For the calculation of the sample size, the key indicator used was the underweight prevalence among children aged 0-4 years. The following formula was used to estimate the required sample size for this indicator:

$$n = \frac{[4 (r) (1-r) (f) (1.1)]}{[(0.12r)^2 (\rho) (n_h)]}$$

where

- n is the required sample size, expressed as number of households
- 4 is a factor to achieve the 95 per cent level of confidence
- r is the predicted or anticipated prevalence (coverage rate) of the indicator
- 1.1 is the factor necessary to raise the sample size by 10 per cent for non-response
- f is the shortened symbol for *deff* (design effect)
- $0.12r$ is the margin of error to be tolerated at the 95 per cent level of confidence, defined as 12 per cent of r (relative sampling error of r)
- ρ is the proportion of the total population upon which the indicator, r , is based
- n_h is the average household size.

For the calculation, r (underweight prevalence) was assumed to be 15.5 percent. The value of *deff* (design effect) was taken as 1.45 based on estimates from previous surveys, ρ (percentage of children aged 0-4 years in the total population) was taken as 9 percent, and n_h (average household size) was taken as 4.25 households.

The resulting number of households from this exercise was 6325 households determined as the required sample size at the national level. The average cluster size in the Mongolia MICS was determined as 25 households, based on a number of considerations, including the budget available, and the time that would be needed per team to complete one cluster. Dividing the total number of households by the number of households per cluster, it was calculated that the selection of a total number of 253 clusters would be needed in total.

Proportional allocation of the total sample size (6325 households) to the five regions was performed. Therefore, the 253 clusters were allocated as follows: Western 41, Khangai 60, Central 45, Eastern 21, and Ulaanbaatar 86 clusters.

In each region, the clusters (primary sampling units) were distributed to urban and rural domains, proportional to the size of urban and rural populations in that region. The table below shows the allocation of clusters to the sampling domains.

Table SD.1: Allocation of Sample Clusters (PSU) to Sampling Domains

Region	Population in 2005, (thousands)			Number of Clusters (PSUs)		
	Total	Urban	Rural	Total	Urban	Rural
Western	409,0	120,0	289,0	41	12	29
Khangai	551,8	191,8	360,0	60	19	41
Central	436,1	185,4	250,7	45	18	27
Eastern	200,2	80,8	119,4	21	8	13
Ulaanbaatar	965,3	965,3	-	86	86	-
Total	2562,4	1543,4	1019,0	253	171	82

Sampling Frame and Selection of Clusters

The administrative records of households and population, updated on an annual basis across the country, were used as the sampling frame for selection of clusters.

The lowest administrative units (bagh and khoroo) were defined as primary sampling units (PSUs), and were selected from each of the sampling domains by using systematic pps (probability proportional to size) sampling procedures, based on the estimated sizes of the bagh and khoros from the 2005 mid yearly administrative record. The first stage of sampling was thus completed by selecting the required number of units (bagh, khoroo) from each of the 5 regions.

Selection of Households

Lists of households were prepared mostly by the officials of the bagh and khoroo. The households were then sequentially numbered from 1 to n (the total number of households in each bagh/khoroo) at the National Statistical Office, where selection of 25 households in each PSU was carried out using systematic selection procedures.

Calculation of Sample Weights

The Mongolia Multiple Indicator Cluster Survey sample is approximately self-weighting. Normalized (standardized) sample weights were calculated, however, to reflect differential response rates across sampling domains and small differences in sampling fractions across the domains.

The major component of the weight is the reciprocal of the sampling fraction employed in selecting the number of sample households in that particular sampling domain:

$$W_h = 1 / f_h$$

The term f_h , the sampling fraction at the h -th stratum, is the product of probabilities of selection at every stage in each sampling domain:

$$f_h = \rho_{1h} * \rho_{2h} * \rho_{3h}$$

Appendix I

where P_{ih} is the probability of selection of the sampling unit in the i -th stage for the h -th sampling domain. Values of f_h were similar across all sampling domains due to the approximately self-weighting nature of the sample.

A second component which has to be taken into account in the calculation of sample weights is the level of non-response for the household and individual interviews. The adjustment for household non-response is equal to the inverse value of:

$$RR = \text{Number of interviewed households} / \text{Number of occupied households listed}$$

After the completion of fieldwork, response rates were calculated for each sampling domain. These were used to adjust the sample weights calculated for each cluster. Response rates in the Mongolia Multiple Indicator Cluster Survey are shown in Table HH.1 in this report.

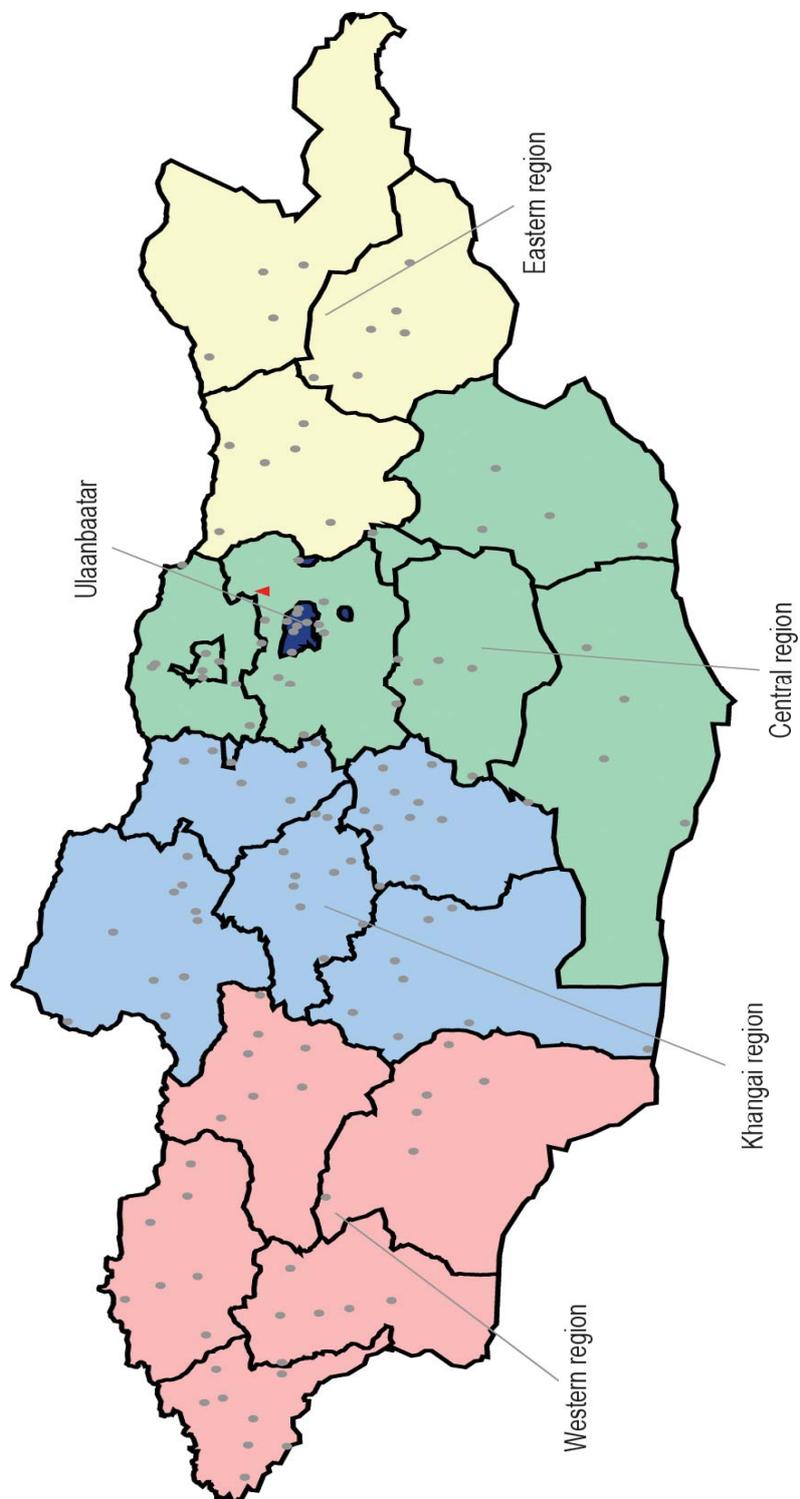
Similarly, the adjustment for non-response at the individual level (women and under-5 children) is equal to the inverse value of:

$$RR = \text{Completed women's (or under-5's) questionnaires} / \text{Eligible women (or under-5s)}$$

Numbers of eligible women and under-5 children were obtained from the household listing in the Household Questionnaire in households where interviews were completed.

The unadjusted weights for the households were calculated by multiplying the above factors for each PSU. These weights were then standardized (or normalized), one purpose of which is to make the sum of the interviewed sample units equal the total sample size at the national level. Normalization is performed by multiplying the aforementioned unadjusted weights by the ratio of the number of completed households to the total unadjusted weighted number of households. A similar standardization procedure was followed in obtaining standardized weights for the women's and under-5's questionnaires.

Figure 1 shows the locations of soums covered in Mongolia MICS.



APPENDIX II. LIST OF PERSONNEL INVOLVED IN THE SURVEY
Steering committee:

G. Gerelt-Od	Vice Chairman of National Statistical Office, Head of the Steering Committee
A. Demberel	Deputy Director of Methodology and Research Department, National Statistical Office
D. Oyunchimeg	Chief of Population and Social Statistics Division of National Statistical office, Secretary of steering committee

Members:

Bertrand Desmoulins	UNICEF Representative, Mongolia
J. Jargalsaikhan	Director of Economic policy department, Ministry of Finance
O. Bayar	Director of Information, monitoring and evaluation department, Ministry of Health
Ch. Dagvadorj	Director of Population development and policy coordination department, Ministry of Social Welfare and Labour
G. Batbold	Director of Primary and secondary education department, Ministry of Education, Culture and Science
U. Tuul	Advisor for Chairman of National Statistical Office, Mongolia
M. Togtokhnyam	Chairman of National Authority for Children
J. Batjargal	Director of Nutrition Research Center of Public Health Institute, Ministry of Health

Technical consultant:

Gitte Robinson	Consultant of UNICEF
----------------	----------------------

Project officer:

D. Khurelmaa	Monitoring and Evaluation Officer of UNICEF
--------------	---------------------------------------------

Working group:

D.Oyunchimeg	Chief of Population and Social Statistics Division of National Statistical office, Head of working group
O.Baigalmaa	Officer of the Population and Social Statistics Division, National Statistical Office, Secretary of working group

Гууягд:

A. Amarbal	Deputy director of Public Administration and Management Department, National Statistical Office
B. Davaakhuu	Senior Officer of Population and Social Statistics Division, National Statistical Office
Sh. Munkhtseren	Officer of the Economic policy department, Ministry of Finance

G. Soyolgerel	Officer of the Medical Assistance Department, Ministry of Health
D. Nyamkhorol	Head of Statistical Department of National Center for Health Development
S. Baigalmaa	Officer of the Population development and policy coordination department, Ministry of Social Welfare and Labour
S. Regzen	Officer of the Population development and policy coordination department, Ministry of Social Welfare and Labour
D. Battsetseg	Officer of the Information, monitoring and evaluation department, Ministry of Education, Culture and Science
Ts. Enkhbaatar	Vice Chairman of National Authority for Children
D. Saikhanbileg	Officer of the National Authority for Children
G. Gereljargal	Senior Researcher of the Nutrition research center of Public Health Institute, Ministry of Health
S. Tungalag	Researcher of the Nutrition research center of Public Health Institute, Ministry of Health
D. Amgalan	Researcher, Nutrition Research Center of Public Health Institute, Ministry of Health
G. Boldbaatar	Chief of Children's division, General Police Department
B. Buyandelger	Chief of Finance and Accounting service, Public administration and management department, National Statistical Office
N. Bayarmaa	Officer of the Methodology and research department, National Statistical Office
L. Myagmar	Officer of the Methodology and research department, National Statistical Office
Ts. Amartuvshin	Officer of the Population and social statistics division, National Statistical Office
S. Tuvshinjargal	Officer of the Population and Social Statistics Division, National Statistical Office
B. Lkhagvajargal	Officer of the Statistical planning and policy coordination department, National Statistical Office
Z. Munkhzul	Officer of the Data Processing and Technology Department, National Statistical Office

Persons involved in data collection

Supervisors:

G. Bayarkhuu	B. Lkhagvajargal	B. Tuul
S. Budragchaa	D. Oyunbileg	D. Urnaa
Ts. Davaa-Ulzii	M. Oyuntsetseg	Ts. Tseveennyam
Sh. Dorjkhand	B. Sarangerel	

Field Editors:

R. Bayarmaa	L. Nyamjav	L. Tamir
M. Ganbayar	B. Oyunsuren	G. Kherlen
G. Dolgorsuren	S. Oyuntsetseg	B. Enkhchimeg
J. Dolgorsuren	Ts. Ulziibat	

Appendix II

Interviewers:

G. Altansukh	N. Davaatogtokh	T. Soelmaa
D. Altangerel	B. Javkhlantugs	S. Tuvshinjargal
G. Altantsetseg	D. Zolboo	G. Tuvdendorj
N. Altantsetseg	D. Munkhtuya	D. Tungalagtuul
N. Amarbayar	D. Narangerel	L. Tuul
S. Ariunjargal	S. Narangerel	D. Tuyatstesteg
B. Badamkhand	D. Narantsetseg	G. Ulaan
G. Batbuyan	Ts. Natsagnyam	Sh. Uranbaigal
P. Bat – Ulzii	J. Odgiiv	J. Khulan
J. Batsukh	D. Odmaa	Sh. Enkh–Amgalan
E. Boldbaatar	R. Otgon	D. Enkhbayasgalan
B. Bolormaa	J. Otgonsaikhan	G. Enkhjargal
P. Byambadorj	P. Orgil	T. Enkhsaikhan
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APPENDIX III. ESTIMATES OF SAMPLING ERRORS

The sample of respondents selected in the Mongolia Multiple Indicator Cluster Survey is only one of the samples that could have been selected from the same population, using the same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results.

The following sampling error measures are presented in this appendix for each of the selected indicators:

- Standard error (se): Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions etc). Standard error is the square root of the variance. The Taylor linearization method is used for the estimation of standard errors.
- Coefficient of variation (se/r) is the ratio of the standard error to the value of the indicator
- Design effect (deff) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling. The square root of the design effect (deft) is used to show the efficiency of the sample design. A deft value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a deft value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design.
- Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus two times the standard error ($p + 2.se$ or $p - 2.se$) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, SPSS Version 14 Complex Samples module has been used. The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator.

Sampling errors are calculated for indicators of primary interest, for the national total, for the regions, and for urban and rural areas. Three of the selected indicators are based on households, 6 are based on household members, 9 are based on women, and 12 are based on children under 5. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.4 show the calculated sampling errors by urban and rural, by regions.

Table SE.1: Sampling errors: Total sample
Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff) and confidence intervals for selected indicators, Mongolia, 2005

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits r - 2se	r + 2se
Households										
Iodized salt consumption	NU.5	0.831	0.006	0.007	1.575	1.255	6 113	6 113	0.819	0.843
Child discipline	CP.4	0.794	0.007	0.008	1.190	1.091	4 504	4 508	0.781	0.808
Households members										
Use of improved drinking water sources	EN.1	0.716	0.014	0.020	6.024	2.454	26 713	6 220	0.688	0.744
Use of improved sanitation facilities	EN.5	0.772	0.011	0.014	4.365	2.089	26 713	6 220	0.750	0.795
Net primary school attendance rate	ED.3	0.953	0.005	0.005	1.344	1.159	2 857	2 863	0.944	0.962
Net secondary school attendance rate	ED.4	0.854	0.007	0.008	1.517	1.232	3 876	3 878	0.840	0.868
Primary completion rate	ED.6	0.936	0.010	0.011	1.040	1.020	604	605	0.915	0.956
Child labour	CP.2.2	0.225	0.007	0.032	2.395	1.548	7 997	8 008	0.210	0.239
Prevalence of orphans	HA.8	0.079	0.004	0.055	2.964	1.722	11 560	11 576	0.071	0.088
Women										
Skilled attendant at delivery	RH.5	0.992	0.002	0.002	0.846	0.920	1 457	1 460	0.988	0.997
Antenatal care	RH.3	0.989	0.002	0.002	0.769	0.877	1 457	1 460	0.984	0.993
Contraceptive prevalence	RH.1	0.660	0.008	0.012	1.290	1.136	4 523	4 535	0.644	0.676
Adult literacy	ED.8	0.945	0.005	0.005	1.142	1.069	2 419	2 414	0.935	0.955
Marriage before age 18	CP.5	0.077	0.004	0.048	1.158	1.076	6 185	6 187	0.069	0.084
Comprehensive knowledge about HIV prevention among young people	HA.3	0.310	0.007	0.024	1.853	1.361	7 459	7 459	0.296	0.325
Attitude towards people with HIV/AIDS	HA.5	0.135	0.005	0.040	1.631	1.277	6 526	6 521	0.124	0.146
Women who have been tested for HIV	HA.6	0.146	0.004	0.029	1.082	1.040	7 459	7 459	0.137	0.154
Knowledge of mother- to-child transmission of HIV	HA.4	0.488	0.006	0.013	1.162	1.078	7 459	7 459	0.475	0.500
Under-5s										
Underweight prevalence	NU.1	0.063	0.004	0.071	1.108	1.053	3 252	3 253	0.054	0.072
Tuberculosis immunization coverage	CH.2	0.976	0.007	0.007	1.350	1.162	722	722	0.963	0.990
Polio immunization coverage	CH.2	0.942	0.008	0.009	0.881	0.938	724	723	0.926	0.958
Immunization coverage for DPT	CH.2	0.932	0.010	0.011	1.096	1.047	720	719	0.912	0.952
Measles immunization coverage	CH.2	0.882	0.012	0.014	0.986	0.993	720	719	0.858	0.906
Fully immunized children	CH.2	0.817	0.015	0.019	1.120	1.058	721	720	0.786	0.848
Acute respiratory infection in last two weeks	CH.5	0.088	0.006	0.071	1.749	1.322	3 547	3 547	0.076	0.101
Antibiotic treatment of suspected pneumonia	CH.6	0.711	0.020	0.028	0.597	0.773	313	314	0.671	0.750
Diarrhoea in last two weeks	CH.4	0.066	0.004	0.066	1.087	1.043	3 547	3 547	0.057	0.075
Received ORT or increased fluids and continued feeding	CH.4	0.466	0.026	0.055	0.610	0.781	234	234	0.415	0.517
Support for learning	CD.1	0.554	0.009	0.016	1.138	1.067	3 547	3 547	0.536	0.572
Birth registration	CP.1	0.983	0.002	0.002	1.208	1.099	3 547	3 547	0.979	0.988

Table SE.2: Sampling errors: Urban areas
 Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff), and confidence intervals for selected indicators, Mongolia, 2005

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits r - 2se	Confidence limits r + 2se
Households										
Iodized salt consumption	NU.5	0.913	0.005	0.006	1.241	1.114	3 515	3 493	0.902	0.923
Child discipline	CP.4	0.793	0.008	0.010	1.039	1.019	2 475	2 461	0.776	0.810
Households members										
Use of improved drinking water sources	EN.1	0.910	0.015	0.017	9.775	3.126	15 240	3 547	0.880	0.940
Use of improved sanitation facilities	EN.5	0.954	0.006	0.007	3.319	1.822	15 240	3 547	0.941	0.967
Net primary school attendance rate	ED.3	0.963	0.006	0.006	1.317	1.147	1 431	1 424	0.952	0.975
Net secondary school attendance rate	ED.4	0.904	0.007	0.008	1.284	1.133	2 242	2 229	0.890	0.919
Primary completion rate	ED.6	0.931	0.013	0.014	0.865	0.930	320	318	0.904	0.957
Child labour	CP.2.2	0.149	0.007	0.048	1.705	1.306	4 308	4 285	0.135	0.163
Prevalence of orphans	HA.8	0.092	0.006	0.067	2.820	1.679	6 172	6 138	0.080	0.105
Women										
Skilled attendant at delivery	RH.5	0.995	0.003	0.003	1.031	1.015	801	792	0.990	1.000
Antenatal care	RH.3	0.989	0.003	0.003	0.567	0.753	801	792	0.983	0.995
Contraceptive prevalence	RH.1	0.645	0.010	0.015	1.050	1.025	2 439	2 413	0.625	0.665
Adult literacy	ED.8	0.983	0.004	0.004	1.308	1.144	1 518	1 495	0.975	0.991
Marriage before age 18	CP.5	0.066	0.004	0.058	0.855	0.924	3 625	3 578	0.058	0.073
Comprehensive knowledge about HIV prevention among young people	HA.3	0.380	0.011	0.028	2.065	1.437	4 468	4 411	0.359	0.401
Attitude towards people with HIV/AIDS	HA.5	0.155	0.007	0.046	1.583	1.258	4 133	4 081	0.140	0.169
Women who have been tested for HIV	HA.6	0.197	0.006	0.032	1.113	1.055	4 468	4 411	0.184	0.210
Knowledge of mother- to-child transmission of HIV	HA.4	0.526	0.007	0.014	0.978	0.989	4 468	4 411	0.512	0.541
Under-5s										
Underweight prevalence	NU.1	0.056	0.006	0.113	1.262	1.123	1 674	1 660	0.043	0.069
Tuberculosis immunization coverage	CH.2	0.979	0.010	0.010	1.969	1.403	392	388	0.959	1.000
Polio immunization coverage	CH.2	0.949	0.011	0.011	0.893	0.945	393	389	0.927	0.970
Immunization coverage for DPT	CH.2	0.943	0.014	0.015	1.439	1.200	392	388	0.915	0.971
Measles immunization coverage	CH.2	0.899	0.017	0.019	1.205	1.098	392	388	0.866	0.933
Fully immunized children	CH.2	0.845	0.021	0.025	1.293	1.137	392	388	0.803	0.887
Acute respiratory infection in last two weeks	CH.5	0.082	0.007	0.084	1.156	1.075	1 856	1 840	0.068	0.096
Antibiotic treatment of suspected pneumonia	CH.6	0.715	0.029	0.040	0.599	0.774	152	151	0.658	0.772
Diarrhoea in last two weeks	CH.4	0.049	0.005	0.101	0.970	0.985	1 856	1 840	0.039	0.059
Received ORT or increased fluids and continued feeding	CH.4	0.423	0.029	0.069	0.310	0.557	91	90	0.365	0.481
Support for learning	CD.1	0.584	0.013	0.023	1.366	1.169	1 856	1 840	0.557	0.611
Birth registration	CP.1	0.980	0.004	0.004	1.282	1.132	1 856	1 840	0.973	0.988

Table SE.3: Sampling errors: Rural areas
Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff) and confidence intervals for selected indicators, Mongolia, 2005

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits	
								r - 2se	r + 2se
Households									
Localized salt consumption	0.721	0.012	0.017	1.936	1.391	2 598	2 620	0.697	0.746
Child discipline	0.796	0.010	0.013	1.378	1.174	2 029	2 047	0.775	0.817
Households members									
Use of improved drinking water sources	0.459	0.027	0.058	7.639	2.764	11 473	2 673	0.406	0.512
Use of improved sanitation facilities	0.531	0.025	0.047	6.643	2.577	11 473	2 673	0.481	0.581
Net primary school attendance rate	0.943	0.007	0.008	1.402	1.184	1 426	1 439	0.929	0.958
Net secondary school attendance rate	0.784	0.015	0.019	2.168	1.473	1 634	1 649	0.754	0.814
Primary completion rate	0.941	0.016	0.017	1.274	1.129	285	287	0.909	0.972
Child labour	0.313	0.014	0.043	3.171	1.781	3 689	3 723	0.286	0.340
Prevalence of orphans	0.064	0.006	0.092	3.190	1.786	5 388	5 438	0.052	0.076
Women									
Skilled attendant at delivery	0.989	0.003	0.003	0.738	0.859	656	668	0.983	0.996
Antenatal care	0.988	0.004	0.004	1.003	1.001	656	668	0.980	0.996
Contraceptive prevalence	0.677	0.013	0.019	1.592	1.262	2 083	2 122	0.651	0.702
Adult literacy	0.881	0.011	0.013	1.121	1.059	902	919	0.859	0.904
Marriage before age 18	0.092	0.007	0.076	1.502	1.226	2 560	2 609	0.078	0.106
Comprehensive knowledge about HIV prevention among young people	0.205	0.010	0.047	1.732	1.316	2 991	3 048	0.186	0.225
Attitude towards people with HIV/AIDS	0.102	0.008	0.079	1.734	1.317	2 393	2 440	0.086	0.118
Women who have been tested for HIV	0.070	0.005	0.070	1.110	1.054	2 991	3 048	0.060	0.079
Knowledge of mother- to-child transmission of HIV	0.430	0.011	0.025	1.492	1.222	2 991	3 048	0.408	0.452
Under-5s									
Underweight prevalence	0.070	0.006	0.090	0.971	0.986	1 579	1 593	0.057	0.082
Tuberculosis immunization coverage	0.973	0.008	0.008	0.772	0.879	331	334	0.958	0.989
Polio immunization coverage	0.934	0.013	0.014	0.870	0.933	331	334	0.909	0.960
Immunization coverage for DPT	0.918	0.014	0.015	0.814	0.902	328	331	0.891	0.946
Measles immunization coverage	0.861	0.017	0.020	0.786	0.887	328	331	0.827	0.895
Fully immunized children	0.783	0.022	0.028	0.923	0.961	329	332	0.740	0.827
Acute respiratory infection in last two weeks	0.095	0.011	0.114	2.335	1.528	1 691	1 707	0.074	0.117
Antibiotic treatment of suspected pneumonia	0.706	0.028	0.039	0.596	0.772	161	163	0.651	0.761
Diarrhoea in last two weeks	0.084	0.007	0.086	1.156	1.075	1 691	1 707	0.070	0.099
Received ORT or increased fluids and continued feeding	0.493	0.037	0.075	0.791	0.889	143	144	0.418	0.567
Support for learning	0.521	0.012	0.022	0.907	0.952	1 691	1 707	0.498	0.544
Birth registration	0.9865	0.003	0.003	1.082	1.040	1 691	1 707	0.981	0.992

Table SE.4.1: Sampling errors: West region
Standard errors, coefficients of variation, design effects (def), square root of design effects (def) and confidence intervals for selected indicators, Mongolia, 2005

Table	Value (<i>r</i>)	Standard error (se)	Coefficient of variation (se/ <i>r</i>)	Design effect (def)	Square root of design effect (def)	Weighted count	Unweighted count	Confidence limits	
								<i>r</i> - 2se	<i>r</i> + 2se
Households									
Iodized salt consumption	0.577	0.021	0.036	1.772	1.331	977	984	0.535	0.619
Child discipline	0.753	0.021	0.028	1.900	1.378	788	794	0.711	0.795
Households members									
Use of improved drinking water sources	0.522	0.047	0.091	9.005	3.001	4 487	1 008	0.427	0.616
Use of improved sanitation facilities	0.568	0.040	0.071	6.587	2.567	4 487	1 008	0.488	0.648
Net primary school attendance rate	0.922	0.016	0.018	2.085	1.444	558	562	0.889	0.954
Net secondary school attendance rate	0.837	0.015	0.018	1.080	1.039	660	665	0.808	0.867
Primary completion rate	0.887	0.037	0.042	1.541	1.241	114	115	0.813	0.961
Child labour	0.285	0.018	0.062	2.270	1.507	1 476	1 487	0.250	0.321
Prevalence of orphans	0.068	0.010	0.149	3.490	1.868	2 153	2 169	0.048	0.088
Women									
Skilled attendant at delivery	0.984	0.006	0.006	0.521	0.722	252	256	0.973	0.996
Antenatal care	0.973	0.009	0.009	0.725	0.851	252	256	0.955	0.990
Contraceptive prevalence	0.609	0.022	0.036	1.583	1.258	792	805	0.566	0.653
Adult literacy	0.915	0.014	0.016	0.817	0.904	313	318	0.886	0.943
Marriage before age 18	0.051	0.010	0.201	2.084	1.443	946	962	0.031	0.072
Comprehensive knowledge about HIV prevention among young people	0.184	0.017	0.093	2.244	1.498	1 118	1 137	0.150	0.219
Attitude towards people with HIV/AIDS	0.118	0.016	0.135	2.017	1.420	816	831	0.086	0.149
Women who have been tested for HIV	0.055	0.008	0.151	1.507	1.227	1 118	1 137	0.039	0.072
Knowledge of mother- to-child transmission of HIV	0.368	0.018	0.048	1.522	1.234	1 118	1 137	0.333	0.403
Under-5s									
Underweight prevalence	0.080	0.012	0.156	1.315	1.147	623	625	0.055	0.105
Tuberculosis immunization coverage	0.977	0.017	0.018	1.676	1.295	128	128	0.942	1.000
Polio immunization coverage	0.883	0.024	0.027	0.717	0.847	128	128	0.834	0.931
Immunization coverage for DPT	0.865	0.017	0.020	0.325	0.570	126	126	0.830	0.900
Measles immunization coverage	0.779	0.030	0.039	0.680	0.825	127	127	0.719	0.840
Fully immunized children	0.724	0.028	0.038	0.480	0.693	127	127	0.669	0.779
Acute respiratory infection in last two weeks	0.084	0.012	0.137	1.171	1.082	674	676	0.061	0.107
Antibiotic treatment of suspected pneumonia	0.825	0.046	0.056	0.831	0.912	57	57	0.732	0.917
Diarrhoea in last two weeks	0.074	0.012	0.168	1.519	1.232	674	676	0.049	0.099
Received ORT or increased fluids and continued feeding	0.380	0.043	0.113	0.380	0.617	50	50	0.295	0.466
Support for learning	0.537	0.017	0.033	0.831	0.912	674	676	0.502	0.572
Birth registration	0.982	0.005	0.005	1.008	1.004	674	676	0.972	0.992

Table SE.4.2: Sampling errors: Khangai region
 Standard errors, coefficients of variation, design effects (def), square root of design effects (def) and confidence intervals for selected indicators, Mongolia, 2005

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (def)	Square root of design effect (def)	Weighted count	Unweighted count	Confidence limits
									r - 2se r + 2se
Households									
Iodized salt consumption	NU.5	0.738	0.017	0.023	2.047	1.431	1 411	1 425	0.705 0.771
Child discipline	CP.4	0.809	0.012	0.015	1.122	1.059	1 108	1 119	0.784 0.834
Households members									
Use of improved drinking water sources	EN.1	0.537	0.027	0.050	4.191	2.047	6 299	1 460	0.483 0.590
Use of improved sanitation facilities	EN.5	0.632	0.023	0.036	3.226	1.796	6 299	1 460	0.587 0.678
Net primary school attendance rate	ED.3	0.952	0.009	0.009	1.259	1.122	775	783	0.934 0.969
Net secondary school attendance rate	ED.4	0.818	0.018	0.022	2.164	1.471	997	1 006	0.783 0.854
Primary completion rate	ED.6	0.944	0.017	0.018	0.919	0.959	160	162	0.910 0.979
Child labour	CP.2.2	0.341	0.018	0.054	3.119	1.766	2 080	2 101	0.305 0.378
Prevalence of orphans	HA.8	0.077	0.009	0.111	3.037	1.743	2 916	2 945	0.060 0.094
Women									
Skilled attendant at delivery	RH.5	0.991	0.005	0.005	1.011	1.006	322	323	0.980 1.000
Antenatal care	RH.3	0.997	0.003	0.003	0.984	0.992	322	323	0.991 1.000
Contraceptive prevalence	RH.1	0.696	0.015	0.021	1.114	1.055	1 111	1 113	0.667 0.725
Adult literacy	ED.8	0.910	0.016	0.017	1.575	1.255	521	521	0.879 0.942
Marriage before age 18	CP.5	0.077	0.007	0.096	1.107	1.052	1 417	1 418	0.062 0.092
Comprehensive knowledge about HIV prevention among young people	HA.3	0.267	0.014	0.053	1.724	1.313	1 698	1 699	0.239 0.296
Attitude towards people with HIV/AIDS	HA.5	0.147	0.011	0.075	1.400	1.183	1 453	1 453	0.125 0.169
Women who have been tested for HIV	HA.6	0.077	0.006	0.084	0.994	0.997	1 698	1 699	0.064 0.090
Knowledge of mother- to-child transmission of HIV	HA.4	0.454	0.012	0.027	0.997	0.999	1 698	1 699	0.429 0.478
Under-5s									
Underweight prevalence	NU.1	0.068	0.009	0.134	1.051	1.025	796	807	0.050 0.086
Tuberculosis immunization coverage	CH.2	0.974	0.009	0.009	0.454	0.674	154	156	0.957 0.992
Polio immunization coverage	CH.2	0.949	0.016	0.017	0.843	0.918	154	156	0.916 0.981
Immunization coverage for DPT	CH.2	0.949	0.020	0.021	1.235	1.111	154	156	0.909 0.988
Measles immunization coverage	CH.2	0.909	0.025	0.028	1.183	1.088	152	154	0.858 0.960
Fully immunized children	CH.2	0.800	0.034	0.043	1.132	1.064	153	155	0.731 0.869
Acute respiratory infection in last two weeks	CH.5	0.123	0.019	0.153	2.768	1.664	832	843	0.086 0.161
Antibiotic treatment of suspected pneumonia	CH.6	0.634	0.038	0.060	0.652	0.808	103	104	0.558 0.711
Diarrhoea in last two weeks	CH.4	0.087	0.010	0.112	1.003	1.002	832	843	0.067 0.106
Received ORT or increased fluids and continued feeding	CH.4	0.466	0.057	0.121	0.924	0.961	72	73	0.353 0.579
Support for learning	CD.1	0.530	0.017	0.032	0.987	0.993	832	843	0.496 0.565
Birth registration	CP.1	0.988	0.004	0.004	1.404	1.185	832	843	0.979 0.997

Table SE.4.3: Sampling errors: Central region
 Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff) and confidence intervals for selected indicators, Mongolia, 2005

Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits	
								r - 2se	r + 2se
Households									
Iodized salt consumption	0.879	0.014	0.015	1.907	1.381	1 102	1 103	0.851	0.906
Child discipline	0.812	0.013	0.016	0.921	0.960	789	790	0.786	0.839
Households members									
Use of improved drinking water sources	0.647	0.040	0.062	7.873	2.806	4 419	1 105	0.566	0.728
Use of improved sanitation facilities	0.790	0.038	0.048	9.431	3.071	4 419	1 105	0.715	0.865
Net primary school attendance rate	0.976	0.006	0.006	0.730	0.855	496	496	0.964	0.988
Net secondary school attendance rate	0.844	0.020	0.024	2.018	1.420	637	637	0.803	0.885
Primary completion rate	0.973	0.015	0.016	0.955	0.977	110	110	0.943	1.000
Child labour	0.228	0.012	0.052	1.084	1.041	1 348	1 350	0.205	0.252
Prevalence of orphans	0.070	0.008	0.110	1.764	1.328	1 958	1 960	0.054	0.085
Women									
Skilled attendant at delivery	1.000	0.000	0.000	.	.	239	249	1.000	1.000
Antenatal care	0.992	0.006	0.006	1.006	1.003	239	249	0.981	1.000
Contraceptive prevalence	0.718	0.019	0.026	1.414	1.189	785	819	0.681	0.755
Adult literacy	0.931	0.014	0.015	1.139	1.067	374	390	0.903	0.958
Marriage before age 18	0.097	0.010	0.105	1.294	1.138	1 052	1 098	0.076	0.117
Comprehensive knowledge about HIV prevention among young people	0.308	0.016	0.052	1.543	1.242	1 243	1 297	0.276	0.340
Attitude towards people with HIV/AIDS	0.136	0.014	0.104	1.983	1.408	1 118	1 167	0.108	0.165
Women who have been tested for HIV	0.155	0.010	0.067	1.075	1.037	1 243	1 297	0.134	0.176
Knowledge of mother- to-child transmission of HIV	0.514	0.018	0.034	1.627	1.276	1 243	1 297	0.479	0.550
Under-5s									
Underweight prevalence	0.049	0.008	0.169	0.875	0.936	585	587	0.033	0.066
Tuberculosis immunization coverage	1.000	0.000	0.000	.	.	125	125	1.000	1.000
Polio immunization coverage	0.984	0.011	0.011	0.949	0.974	125	125	0.962	1.000
Immunization coverage for DPT	0.968	0.020	0.020	1.528	1.236	125	125	0.929	1.000
Measles immunization coverage	0.952	0.019	0.020	0.998	0.999	125	125	0.914	0.990
Fully immunized children	0.904	0.035	0.039	1.739	1.319	125	125	0.834	0.974
Acute respiratory infection in last two weeks	0.066	0.009	0.138	0.818	0.905	607	609	0.048	0.084
Antibiotic treatment of suspected pneumonia	0.750	0.048	0.064	0.482	0.694	40	40	0.663	0.846
Diarrhoea in last two weeks	0.066	0.009	0.139	0.823	0.907	607	609	0.048	0.084
Received ORT or increased fluids and continued feeding	0.526	0.060	0.114	0.561	0.749	40	40	0.406	0.646
Support for learning	0.602	0.021	0.035	1.133	1.064	607	609	0.560	0.645
Birth registration	0.985	0.005	0.005	1.208	1.099	607	609	0.974	0.996

Table SE.4.4. Sampling errors: East region
Standard errors, coefficients of variation, design effects (def), square root of design effects (def) and confidence intervals for selected indicators, Mongolia, 2005

Table	Value (<i>r</i>)	Standard error (<i>se</i>)	Coefficient of variation (<i>se/r</i>)	Design effect (<i>def</i>)	Square root of design effect (<i>def</i>)	Weighted count	Unweighted count	Confidence limits	
								<i>r</i> - 2 <i>se</i>	<i>r</i> + 2 <i>se</i>
Households									
Iodized salt consumption	0.905	0.017	0.019	1.787	1.337	499	507	0.871	0.940
Child discipline	0.866	0.018	0.021	1.204	1.097	403	410	0.829	0.903
Households members									
Use of improved drinking water sources	0.780	0.059	0.076	10.513	3.242	2 295	514	0.661	0.898
Use of improved sanitation facilities	0.763	0.030	0.040	2.582	1.607	2 295	514	0.702	0.823
Net primary school attendance rate	0.954	0.008	0.009	0.431	0.656	257	262	0.938	0.971
Net secondary school attendance rate	0.809	0.019	0.023	0.780	0.883	348	352	0.772	0.846
Primary completion rate	0.925	0.031	0.034	0.748	0.865	53	54	0.863	0.988
Child labour	0.132	0.026	0.198	4.412	2.101	727	738	0.080	0.185
Prevalence of orphans	0.063	0.015	0.237	4.223	2.055	1 104	1 121	0.033	0.093
Women									
Skilled attendant at delivery	0.994	0.006	0.006	1.053	1.026	163	167	0.982	1.000
Antenatal care	0.970	0.010	0.011	0.627	0.792	163	167	0.949	0.991
Contraceptive prevalence	0.681	0.021	0.031	0.876	0.936	416	426	0.638	0.723
Adult literacy	0.891	0.013	0.015	0.397	0.630	222	227	0.864	0.917
Marriage before age 18	0.112	0.015	0.136	1.272	1.128	531	544	0.081	0.143
Comprehensive knowledge about HIV prevention among young people	0.213	0.018	0.083	1.263	1.124	657	672	0.178	0.249
Attitude towards people with HIV/AIDS	0.049	0.007	0.148	0.695	0.834	599	613	0.035	0.064
Women who have been tested for HIV	0.103	0.009	0.092	0.647	0.805	657	672	0.084	0.122
Knowledge of mother- to-child transmission of HIV	0.487	0.024	0.050	1.565	1.251	657	672	0.439	0.535
Under-5s									
Underweight prevalence	0.065	0.012	0.182	0.779	0.883	335	337	0.041	0.089
Tuberculosis immunization coverage	0.943	0.027	0.028	1.184	1.088	88	89	0.889	0.997
Polio immunization coverage	0.922	0.024	0.026	0.738	0.859	89	90	0.873	0.971
Immunization coverage for DPT	0.920	0.032	0.034	1.193	1.092	87	88	0.857	0.984
Measles immunization coverage	0.777	0.051	0.065	1.324	1.150	89	90	0.676	0.879
Fully immunized children	0.699	0.053	0.076	1.204	1.097	89	90	0.593	0.806
Acute respiratory infection in last two weeks	0.066	0.019	0.288	2.202	1.484	375	378	0.028	0.104
Antibiotic treatment of suspected pneumonia	0.683	0.040	0.058	0.174	0.417	25	25	0.604	0.762
Diarrhoea in last two weeks	0.072	0.014	0.202	1.188	1.090	375	378	0.043	0.101
Received ORT or increased fluids and continued feeding	0.554	0.087	0.157	0.794	0.891	27	27	0.380	0.728
Support for learning	0.494	0.023	0.047	0.807	0.898	375	378	0.448	0.540
Birth registration	0.987	0.007	0.007	1.448	1.203	375	378	0.973	1.000

Table SE.4.5: Sampling errors: Ulaanbaatar
Standard errors, coefficients of variation, design effects (deff), square root of design effects (deff) and confidence intervals for selected indicators, Mongolia, 2005

	Table	Value (<i>r</i>)	Standard error (se)	Coefficient of variation (se/ <i>r</i>)	Design effect (deff)	Square root of design effect (deff)	Weighted count	Unweighted count	Confidence limits $r \pm 2se$
Households									
Iodized salt consumption	NU.5	0.968	0.004	0.004	1.229	1.109	2 124	2 094	0.960 0.977
Child discipline	CP.4	0.776	0.011	0.014	0.935	0.967	1 415	1 395	0.754 0.797
Households members									
Use of improved drinking water sources	EN.1	0.951	0.015	0.016	10.785	3.284	9 214	2 133	0.921 0.982
Use of improved sanitation facilities	EN.5	0.962	0.008	0.008	3.378	1.838	9 214	2 133	0.947 0.977
Net primary school attendance rate	ED.3	0.963	0.007	0.007	1.054	1.026	771	760	0.949 0.977
Net secondary school attendance rate	ED.4	0.909	0.010	0.011	1.469	1.212	1 235	1 218	0.889 0.929
Primary completion rate	ED.6	0.939	0.015	0.016	0.674	0.821	166	164	0.908 0.970
Child labour	CP.2.2	0.110	0.010	0.088	2.245	1.498	2 365	2 332	0.091 0.130
Prevalence of orphans	HA.8	0.099	0.009	0.087	2.825	1.681	3 429	3 381	0.082 0.117
Women									
Skilled attendant at delivery	RH.5	0.994	0.004	0.004	1.018	1.009	481	465	0.986 1.000
Antenatal care	RH.3	0.996	0.003	0.003	1.014	1.007	481	465	0.990 1.000
Contraceptive prevalence	RH.1	0.621	0.015	0.025	1.357	1.165	1 418	1 372	0.590 0.652
Adult literacy	ED.8	0.991	0.004	0.004	1.864	1.365	990	958	0.982 0.999
Marriage before age 18	CP.5	0.069	0.005	0.071	0.816	0.903	2 238	2 165	0.059 0.079
Comprehensive knowledge about HIV prevention among young people	HA.3	0.412	0.015	0.035	2.341	1.530	2 744	2 654	0.383 0.441
Attitude towards people with HIV/AIDS	HA.5	0.154	0.009	0.060	1.630	1.277	2 540	2 457	0.136 0.173
Women who have been tested for HIV	HA.6	0.231	0.009	0.038	1.154	1.074	2 744	2 654	0.214 0.249
Knowledge of mother- to-child transmission of HIV	HA.4	0.546	0.009	0.017	0.943	0.971	2 744	2 654	0.527 0.564
Under-5s									
Underweight prevalence	NU.1	0.054	0.008	0.155	1.214	1.102	913	897	0.037 0.070
Tuberculosis immunization coverage	CH.2	0.978	0.014	0.015	2.057	1.434	228	224	0.949 1.000
Polio immunization coverage	CH.2	0.955	0.016	0.016	1.271	1.127	228	224	0.924 0.987
Immunization coverage for DPT	CH.2	0.942	0.021	0.022	1.824	1.351	228	224	0.900 0.984
Measles immunization coverage	CH.2	0.924	0.019	0.021	1.134	1.065	227	223	0.886 0.962
Fully immunized children	CH.2	0.879	0.028	0.031	1.581	1.257	227	223	0.824 0.934
Acute respiratory infection in last two weeks	CH.5	0.085	0.010	0.118	1.344	1.159	1 059	1 041	0.065 0.105
Antibiotic treatment of suspected pneumonia	CH.6	0.716	0.042	0.059	0.754	0.869	90	88	0.632 0.800
Diarrhoea in last two weeks	CH.4	0.042	0.006	0.138	0.877	0.936	1 059	1 041	0.031 0.054
Received ORT or increased fluids and continued feeding	CH.4	0.455	0.037	0.081	0.235	0.485	45	44	0.381 0.528
Support for learning	CD.1	0.576	0.020	0.034	1.628	1.276	1 059	1 041	0.537 0.615
Birth registration	CP.1	0.978	0.005	0.005	1.162	1.078	1 059	1 041	0.968 0.988

Appendix IV

Table DQ.1: Age distribution of household population
Single-year distribution of household population by sex (weighted), Mongolia, 2005

Age	Male		Female		Age	Male		Female	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	410	3.2	386	2.8	43	174	1.4	193	1.4
1	382	3.0	351	2.5	44	131	1.0	161	1.2
2	377	2.9	339	2.4	45	157	1.2	172	1.2
3	335	2.6	340	2.4	46	135	1.1	143	1.0
4	343	2.7	299	2.1	47	123	1.0	163	1.2
5	376	2.9	336	2.4	48	116	0.9	124	0.9
6	292	2.3	260	1.9	49	108	0.8	94	0.7
7	286	2.2	259	1.9	50	81	0.6	113	0.8
8	277	2.2	259	1.9	51	90	0.7	83	0.6
9	267	2.1	264	1.9	52	72	0.6	59	0.4
10	312	2.4	329	2.4	53	65	0.5	54	0.4
11	289	2.3	315	2.3	54	49	0.4	53	0.4
12	282	2.2	248	1.8	55	50	0.4	63	0.5
13	319	2.5	303	2.2	56	39	0.3	47	0.3
14	312	2.4	396	2.8	57	44	0.3	48	0.3
15	377	2.9	371	2.7	58	38	0.3	43	0.3
16	333	2.6	349	2.5	59	36	0.3	42	0.3
17	292	2.3	295	2.1	60	32	0.3	34	0.2
18	238	1.9	225	1.6	61	35	0.3	39	0.3
19	197	1.5	248	1.8	62	28	0.2	35	0.3
20	214	1.7	233	1.7	63	37	0.3	50	0.4
21	196	1.5	222	1.6	64	22	0.2	28	0.2
22	196	1.5	261	1.9	65	33	0.3	46	0.3
23	212	1.7	275	2.0	66	26	0.2	29	0.2
24	212	1.7	303	2.2	67	22	0.2	27	0.2
25	194	1.5	295	2.1	68	24	0.2	27	0.2
26	230	1.8	273	2.0	69	21	0.2	23	0.2
27	247	1.9	297	2.1	70	13	0.1	36	0.3
28	231	1.8	263	1.9	71	24	0.2	24	0.2
29	231	1.8	259	1.9	72	12	0.1	21	0.2
30	209	1.6	254	1.8	73	7	0.1	25	0.2
31	195	1.5	228	1.6	74	10	0.1	11	0.1
32	216	1.7	252	1.8	75	20	0.2	18	0.1
33	200	1.6	217	1.6	76	8	0.1	10	0.1
34	187	1.5	224	1.6	77	8	0.1	9	0.1
35	185	1.4	219	1.6	78	3	0.0	12	0.1
36	199	1.6	238	1.7	79	6	0.0	3	0.0
37	166	1.3	191	1.4	80+	25	0.2	61	0.4
38	168	1.3	206	1.5	DK/missing	0	0.0	2	0.0
39	176	1.4	220	1.6					
40	175	1.4	182	1.3	Total	12 789	100.0	13 923	100.0
41	177	1.4	223	1.6					
42	152	1.2	187	1.3					

Table DQ.2: Age distribution of eligible and interviewed women
 Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age group, Mongolia, 2005

Age	Household population of women age 10-54		Interviewed women age 15-49		Percentage of eligible women interviewed
	Number		Number	Percent	
10-14	1 590		na	na	na
15-19	1 488		1 274	17.1	85.6
20-24	1 295		1 154	15.5	89.1
25-29	1 386		1 318	17.7	95.1
30-34	1 175		1 121	15.0	95.4
35-39	1 074		1 041	14.0	97.0
40-44	947		897	12.0	94.8
45-49	696		653	8.8	93.8
50-54	363		na	na	na
15-49	8 060		7 459	100.0	92.5

Table DQ.3: Age distribution of eligible and interviewed under-5s
 Household population of children age 0-7, children whose mothers/caretakers were interviewed and percentage of under-5 children whose mothers/caretakers were interviewed (weighted), by age, Mongolia, 2005

Age	Household population of children age 0-7		Interviewed children age 0-4		Percentage of eligible children interviewed
	Number	Number	Number	Percent	
0	796	794	794	22.4	99.7
1	733	727	727	20.5	99.2
2	716	713	713	20.1	99.6
3	676	672	672	19.0	99.4
4	642	636	636	18.0	99.1
5	712	na	na	na	na
6	552	na	na	na	na
7	545	na	na	na	na
0-4	3 563	3 542	3 542	100.0	99.4

Table DQ.4: Age distribution of under-5 children
Age distribution of under-5 children by 3-month groups (weighted), Mongolia, 2005

Age in months	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
0-2	77	4.2	92	5.4	169	4.8
3-5	132	7.2	98	5.8	231	6.5
6-8	97	5.3	98	5.7	195	5.5
9-11	90	4.9	90	5.3	180	5.1
12-14	81	4.4	71	4.2	152	4.3
15-17	112	6.1	112	6.6	224	6.3
18-20	109	5.9	91	5.3	200	5.6
21-23	79	4.3	68	4.0	147	4.2
24-26	81	4.4	73	4.3	154	4.3
27-29	120	6.5	95	5.6	215	6.1
30-32	95	5.2	87	5.1	182	5.1
33-35	83	4.5	80	4.7	163	4.6
36-38	79	4.3	91	5.3	170	4.8
39-41	88	4.8	94	5.5	182	5.1
42-44	86	4.7	86	5.0	172	4.8
45-47	75	4.1	73	4.3	148	4.2
48-50	91	4.9	83	4.9	174	4.9
51-53	87	4.7	75	4.4	162	4.6
54-56	92	5.0	74	4.3	166	4.7
57-59	87	4.7	75	4.4	162	4.6
Total	1 842	100.0	1 705	100.0	3 547	100.0

Table DQ.5: Heaping on ages and periods
Age and period ratios at boundaries of eligibility by type of information collected (Household questionnaire, weighted), Mongolia, 2005

	Age and period ratios			Eligibility boundary (lower-upper)	Module or questionnaire
	Male	Female	Total		
Age in household questionnaire					
1	0.98	0.98	0.98		
2	1.03	0.99	1.01	Lower	Child discipline and child disability
3	0.95	1.04	1.00		
4	0.98	0.92	0.95	Upper	Under-5 questionnaire
5	1.11	1.13	1.12	Lower	Child labour and education
6	0.92	0.91	0.92		
7	.	.	.		
8	1.00	0.99	1.00		
9	0.94	0.93	0.93	Upper	Child disability
10	1.08	1.09	1.08		
11	.	.	.		
13	1.05	0.96	1.00		
14	0.93	1.11	1.02	Upper	Child labour and child discipline
15	1.11	1.00	1.05	Lower	Women's questionnaire
16	1.00	1.03	1.01		
17	1.01	1.02	1.02	Upper	Child labour
18	1.20	1.15	1.18		
19	.	.	.		
23	1.03	0.98	1.00		
24	1.03	1.04	1.04	Upper	Education
25	0.91	1.02	0.97		
26	.	.	.		
48	1.01	0.97	0.99		
49	1.06	0.85	0.95	Upper	Women's questionnaire
50	0.87	1.17	1.02		
Months since last birth in women's questionnaire					
6-11	na	0.96	na		
12-17	na	1.06	na		
18-23	na	0.96	na		
24-29	na	1.00	na		
30-35	na	0.99	na		

Table DQ.6: Completeness of reporting
 Percentage of observations missing information for selected questions and indicators (Household questionnaire, weighted) Mongolia, 2005

	Percent with missing information*	Number
Household		
Salt testing	1.7	6 220
All households surveyed		
Women		
Date of birth	0.1	7 459
Month only	0.0	7 459
Month and year missing		
Date of first birth	0.1	5 568
Month only	0.0	5 568
Month and year missing	0.0	3
Completed years since first birth		
Date of last birth	0.0	5 568
Month only	0.0	5 568
Month and year missing		
Date of first marriage/union	1.8	5 324
Month only	0.7	5 324
Month and year missing	0.3	5 324
Age at first marriage/union	0.0	2 428
Age at first intercourse		
Children under-5		
Date of birth	0.0	3 547
Month only	0.0	3 547
Month and year missing		
Anthropometry		
Weight	5.2	3 547
Height	5.2	3 547
Height or weight	5.3	3 547

* Includes "Don't know" responses

Table DQ.7: Presence of mother in the household and the person interviewed for the under-5 questionnaire
 Distribution of children under five by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire (weighted),
 Mongolia, 2005

Age	Mother in the household		Mother not in the household			Total	Number of children aged 0-4 years
	Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Other adult interviewed		
0	98.0	0.1	1.9	0.0	0.0	100.0	796
1	97.3	0.3	2.3	0.1	0.1	100.0	733
2	96.1	0.6	3.3	0.0	0.0	100.0	716
3	95.3	0.3	4.4	0.0	0.0	100.0	676
4	95.5	0.3	4.1	0.2	0.2	100.0	642
Total	96.5	0.3	3.1	0.1	0.1	100.0	3 563

Table DQ.8: School attendance by single age
 Distribution of household population age 5-24 by educational level and grade attended in the current year, Mongolia, 2005

Age	Preschool/kindergarten	Primary and secondary											Vocational				
		Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 1	Grade 2	Grade 3		
5	47.9	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
6	36.0	21.5	1.6	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
7	2.7	64.4	15.3	7.3	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8	0.4	19.6	33.1	38.6	4.7	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
9	0.0	2.8	3.3	42.1	43.6	5.3	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10	0.0	1.2	0.8	7.3	45.9	38.7	3.6	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11	0.0	0.2	0.3	2.5	10.5	50.9	29.5	3.3	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12	0.0	0.0	0.2	1.3	1.7	13.9	52.6	22.6	1.5	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0
13	0.0	0.0	0.0	0.3	1.1	4.8	14.8	50.8	22.2	1.5	0.2	0.0	0.0	0.0	0.0	0.0	0.0
14	0.0	0.0	0.0	0.0	0.7	2.1	4.1	15.9	51.5	17.9	1.3	0.0	0.0	0.1	0.0	0.0	0.0
15	0.0	0.0	0.0	0.0	0.0	0.1	0.5	4.0	13.6	56.5	15.3	0.4	0.5	0.0	0.0	0.0	0.0
16	0.0	0.0	0.0	0.0	0.1	0.0	0.3	1.0	2.3	12.9	56.8	4.3	2.8	0.4	0.0	0.0	0.0
17	0.0	0.0	0.0	0.0	0.2	0.0	0.3	1.0	2.7	2.7	41.9	11.6	2.0	2.7	0.3	0.3	0.3
18	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	9.0	2.4	1.3	2.1	0.4	0.4	0.4
19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.4	0.4	0.7	0.7	0.7	0.7
20	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.9	0.0	0.0	0.0
21	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
22	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
23	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
24	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0
Total	5.0	5.4	2.6	4.8	5.7	6.3	5.4	5.4	5.7	5.9	7.1	1.0	0.4	0.3	0.4	0.3	0.1

Table DQ.8 continuation

Age	Tertiary	University and institute	Religious	Non standard curriculum	Not attending school	Total	Total
5	0.0	0.0	0.0	0.0	50.6	100.0	712
6	0.0	0.0	0.0	0.0	39.7	100.0	552
7	0.0	0.0	0.0	0.0	9.5	100.0	545
8	0.0	0.0	0.0	0.0	3.5	100.0	536
9	0.0	0.0	0.0	0.0	2.6	100.0	531
10	0.0	0.0	0.2	0.2	2.0	100.0	641
11	0.0	0.0	0.2	0.2	2.3	100.0	604
12	0.0	0.0	0.0	0.6	5.5	100.0	530
13	0.2	0.0	0.3	0.0	3.8	100.0	621
14	0.1	0.0	0.3	0.4	5.5	100.0	707
15	0.4	0.0	0.0	1.1	7.6	100.0	748
16	2.7	0.3	0.0	0.1	15.3	100.0	682
17	9.6	3.3	0.0	0.3	24.0	100.0	587
18	19.4	11.3	0.2	0.0	52.9	100.0	463
19	19.7	17.9	0.0	0.0	59.7	100.0	445
20	18.7	10.8	0.0	0.0	69.4	100.0	448
21	10.4	13.5	0.0	0.0	75.9	100.0	418
22	4.2	6.0	0.0	0.0	89.8	100.0	456
23	2.9	4.3	0.0	0.0	92.6	100.0	488
24	2.3	1.2	0.0	0.2	96.1	100.0	515
Total	3.8	2.8	0.1	0.2	31.9	100.0	11 231

Table DQ.9: Sex ratio at birth among children ever born and living
Sex ratio at birth among children ever born, children living, and deceased children by age of women (weighted), Mongolia, 2005

Age	Children ever born			Children living			Children deceased			Number of women
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	
15-19	42	36	1.15	41	36	1.13	1	0	na	1 274
20-24	507	421	1.20	486	408	1.19	21	13	1.63	1 154
25-29	1 083	1 013	1.07	1 018	961	1.06	65	52	1.25	1 318
30-34	1 396	1 315	1.06	1 273	1 223	1.04	123	92	1.34	1 121
35-39	1 603	1 616	0.99	1 469	1 503	0.98	133	112	1.19	1 041
40-44	1 706	1 627	1.05	1 508	1 492	1.01	197	135	1.46	897
45-49	1 506	1 452	1.04	1 265	1 286	0.98	241	166	1.45	653
Total	7 842	7 479	1.05	7 061	6 910	1.02	781	569	1.37	7 459

Table DQ.10: Distribution of women by time since last birth
 Distribution of women aged 15-49 years with at least one live birth (weighted), by months since last birth,
 Mongolia, 2005

Months since last birth	Months since last birth		Months since last birth	
	Number	Percent	Number	Percent
0	26	1.3	58	2.9
1	60	3.0	42	2.1
2	80	4.0	46	2.3
3	65	3.2	42	2.1
4	79	3.9	44	2.2
5	87	4.3	42	2.1
6	73	3.6	38	1.9
7	64	3.2	62	3.1
8	48	2.4	55	2.7
9	67	3.3	59	2.9
10	54	2.7	64	3.2
11	53	2.6	37	1.8
12	53	2.6	52	2.6
13	55	2.7	49	2.4
14	49	2.4	39	1.9
15	57	2.8	41	2.0
16	60	3.0		
17	93	4.6	2 018	100.0
18	73	3.6		
19	54	2.7		
			Total	

APPENDIX V. MICS INDICATORS: NUMERATORS AND DENOMINATORS

INDICATOR	NUMERATOR	DENOMINATOR
1 Under-five mortality rate	Probability of dying by exact age 5 years	
2 Infant mortality rate	Probability of dying by exact age 1 year	
4 Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5 Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
6 Underweight prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five that were weighed
7 Stunting prevalence	Number of children under age five that fall below minus two standard deviations from the median height for age of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five measured
8 Wasting prevalence	Number of children under age five that fall below minus two standard deviations from the median weight for height of the NCHS/WHO standard (moderate and severe); number that fall below minus three standard deviations (severe)	Total number of children under age five weighed and measured
9 Low-birth weight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10 Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11 Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12 Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13 Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14 Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three surveyed

INDICATOR	NUMERATOR	DENOMINATOR
15 Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16 Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
17 Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breast milk and complementary foods	Total number of infants aged 6-9 months surveyed
18 Frequency of complementary feeding	Number of infants aged 6-11 months that receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed
19 Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20 Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
21 Contraceptive prevalence	Number of women currently married or in union aged 15-49 years that are using (or whose partner is using) a contraceptive method (either modern or traditional)	Total number of women aged 15-49 years that are currently married or in union
22 Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23 Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks that are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
24 Solid fuels	Number of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed
25 Tuberculosis immunization coverage	Number of children aged 12-23 months receiving BCG vaccine before their first birthday	Total number of children aged 12-23 months surveyed
26 Polio immunization coverage	Number of children aged 12-23 months receiving OPV3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
27 Immunization coverage for diphtheria, pertussis and tetanus (DPT)	Number of children aged 12-23 months receiving DPT3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed

INDICATOR	NUMERATOR	DENOMINATOR
28 Measles immunization coverage	Number of children aged 12-23 months receiving measles vaccine before their first birthday	Total number of children aged 12-23 months surveyed
31 Fully immunized children	Number of children aged 12-23 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed
33 Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
34 Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35 Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
41 Iodized salt consumption	Number of households with salt testing 15 parts per million or more of iodine/iodate	Total number of households surveyed
42 Vitamin A supplementation (under-fives)	Number of children aged 6-59 months receiving at least one high-dose vitamin A supplement in the previous 6 months	Total number of children aged 6-59 months surveyed
43 Vitamin A supplementation (post-partum mothers)	Number of women with a live birth in the 2 years preceding the survey that received a high-dose vitamin A supplement within 8 weeks after birth	Total number of women that had a live birth in the 2 years preceding the survey
44 Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45 Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
46 Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
47 Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months
48 Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
49 Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed

INDICATOR	NUMERATOR	DENOMINATOR
50 Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
51 Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed
52 Pre-school attendance	Number of children aged 36-59 months that attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53 School readiness	Number of children in first grade that attended some form of pre-school the previous year	Total number of children in the first grade surveyed
54 Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary-school entry age surveyed
55 Net primary school attendance rate	Number of children of primary-school age currently attending primary or secondary school	Total number of children of primary-school age surveyed
56 Net secondary school attendance rate	Number of children of secondary-school age currently attending secondary school or higher	Total number of children of secondary-school age surveyed
57 Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five	
58 Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that attend secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed
59 Primary completion rate	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school) surveyed
60 Adult literacy rate	Number of women aged 15-24 years that are able to read a short simple statement about everyday life	Total number of women aged 15-24 years surveyed
61 Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education
62 Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed
67 Marriage before age 18	Number of women that were first married or in union by the exact age of 18, by age groups	Total number of women aged 15-49 years and 20-49 years surveyed, by age groups

INDICATOR	NUMERATOR	DENOMINATOR
68 Young women aged 15-19 years currently married or in union	Number of women aged 15-19 years currently married or in union	Total number of women aged 15-19 years surveyed
69 Spousal age difference	Number of women married/in union aged 15-19 years and 20-24 years with a difference in age of 10 or more years between them and their current spouse	Total number of women aged 15-19 and 20-24 years surveyed that are currently married or in union
71 Child labour	Number of children aged 5-14 years that are involved in child labour	Total number of children aged 5-14 years surveyed
72 Labourer students	Number of children aged 5-14 years involved in child labour activities that attend school	Total number of children aged 5-14 years involved in child labour activities
73 Student labourers	Number of children aged 5-14 years attending school that are involved in child labour activities	Total number of children aged 5-14 years attending school
74 Child discipline	Number of children aged 2-14 years that (1) experience only non-violent aggression, (2) experience psychological aggression as punishment, (3) experience minor physical punishment, (4) experience severe physical punishment	Total number of children aged 2-14 years selected and surveyed
75 Prevalence of orphans	Number of children under age 18 with at least one dead parent	Total number of children under age 18 surveyed
78 Children's living arrangements	Number of children aged 0-17 years not living with a biological parent	Total number of children aged 0-17 years surveyed
82 Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years that correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed
86 Attitude towards people with HIV/AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
87 Women who know where to be tested for HIV	Number of women that state knowledge of a place to be tested	Total number of women surveyed
88 Women who have been tested for HIV	Number of women that report being tested for HIV	Total number of women surveyed
89 Knowledge of mother-to-child transmission of HIV	Number of women that correctly identify all three means of vertical transmission	Total number of women surveyed

Appendix V

INDICATOR	NUMERATOR	DENOMINATOR
90 Counselling coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women that gave birth in the previous 24 months surveyed
91 Testing coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women that gave birth in the previous 24 months surveyed
96 Source of supplies	Number of children (or households) for whom supplies were obtained from public providers, presented separately for each type of supply: oral rehydration salts, antibiotics	Total number of children (or households) for whom supplies were obtained
97 Cost of supplies	Median cost of supplies obtained, presented separately for each type of supply and whether sourced from public or private providers: oral rehydration salts, antibiotics	Total number of children (or households) for whom supplies were obtained
98 Unmet need for family planning	Number of women that are currently married or in union that are fecund and want to space their births or limit the number of children they have and that are not currently using contraception	Total number of women interviewed that are currently married or in union
99 Demand satisfied for family planning	Number of women currently married or in union that are currently using contraception	Number of women currently married or in union that have an unmet need for contraception or that are currently using contraception
100 Attitudes towards domestic violence	Number of women that consider that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women surveyed
101 Child disability	Number of children aged 2-9 years with at least one of nine reported disabilities: (1) delay in sitting, standing or walking, (2) difficulty seeing, either in the daytime or at night, (3) appears to have difficulty hearing, (4) difficulty in understanding instructions, (5) difficulty walking or moving arms or has weakness or stiffness of limbs, (6) has fits, becomes rigid, loses consciousness, (7) does not learn to do things like other children his/her age, (8) cannot speak or cannot be understood in words, (9) appears mentally backward, dull or slow	Total number of children aged 2-9 surveyed

CHILD AND DEVELOPMENT SURVEY - 2005

ACCORDING TO THE MONGOLIAN STATE LAW "CONFIDENTIALITY OF AN INDIVIDUAL" AND ARTICLE 22 OF THE MONGOLIAN STATE LAW "ON STATISTICS" ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

HOUSEHOLD QUESTIONNAIRE

1. HH.HOUSEHOLD INFORMATION PANEL

<p>HH1. Cluster number <input type="text"/> <input type="text"/> <input type="text"/></p> <p>HH2. Household number <input type="text"/> <input type="text"/></p> <p>HH3. Interviewer name and number <input type="text"/> <input type="text"/></p> <p>HH3A. Editor name and number <input type="text"/> <input type="text"/></p> <p>HH4. Supervisor name and number <input type="text"/> <input type="text"/></p> <p>HH5. Year/Month/Day of interview / / (Year/Month/Day)</p> <p>HH6. Location * <input type="text"/></p> <p style="font-size: small;">* Location code</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 100px;">Capital city</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px;"><input type="text"/></td> </tr> <tr> <td>Aimag centre</td> <td style="text-align: center;">2</td> <td><input type="text"/></td> </tr> <tr> <td>Soum centre</td> <td style="text-align: center;">3</td> <td><input type="text"/></td> </tr> <tr> <td>Countryside</td> <td style="text-align: center;">4</td> <td><input type="text"/></td> </tr> </table> <p>HH7. Aimag/Capital city <input type="text"/> <input type="text"/></p> <p>HH7a. Soum/district <input type="text"/> <input type="text"/></p> <p>HH7b. Bagh/khoroo <input type="text"/> <input type="text"/></p> <p>HH7B. Household address <input type="text"/></p> <p>HH8. Name of head of household <input type="text"/></p>	Capital city	1	<input type="text"/>	Aimag centre	2	<input type="text"/>	Soum centre	3	<input type="text"/>	Countryside	4	<input type="text"/>	<p>HH9. Result of HH interview: <input type="text"/></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 100px;">Completed</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px;"><input type="text"/></td> </tr> <tr> <td>Refused</td> <td style="text-align: center;">2</td> <td><input type="text"/></td> </tr> <tr> <td>Household not found</td> <td style="text-align: center;">3</td> <td><input type="text"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;">4</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">5</td> <td><input type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">6</td> <td><input type="text"/></td> </tr> </table> <p>HH9A. Number of HH visits <input type="text"/></p> <p>HH10. Respondent's line number <input type="text"/></p> <p>HH11. Total number of HH members <input type="text"/></p> <p>HH12. Number of women eligible for interview <input type="text"/></p> <p>HH13. Number of women questionnaires completed <input type="text"/></p> <p>HH14. Number of children under 5 eligible for interview <input type="text"/></p> <p>HH15. Number of children under 5 questionnaires completed <input type="text"/></p> <p>HH16. Name and code of data entry clerk <input type="text"/></p> <p>Notes for the interviewer and team leader:</p>	Completed	1	<input type="text"/>	Refused	2	<input type="text"/>	Household not found	3	<input type="text"/>	Other	4	<input type="text"/>		5	<input type="text"/>		6	<input type="text"/>
Capital city	1	<input type="text"/>																													
Aimag centre	2	<input type="text"/>																													
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Completed	1	<input type="text"/>																													
Refused	2	<input type="text"/>																													
Household not found	3	<input type="text"/>																													
Other	4	<input type="text"/>																													
	5	<input type="text"/>																													
	6	<input type="text"/>																													

Questions HH9 - HH16 are to be filled after finished interviewing the household.

Following instructions to be used for filling "Household listing" module.
 First, please tell me the name of each person who usually lives here, starting with the head of the household.
 List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).
 Then ask: Are there any others who live here, even if they are not at home now? (These may include children in school or at work). If yes, complete listing.
 Then, ask questions starting with HL4A for each person at a time.

"Do not know - 98" to be used only for elderly household members who are do not know exact age.
 Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.
 For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children under five.

Codes for HL3:

Relationship to head of household:			
Head	01	Parent	06
Wife or Husband	02	Parent-In-Law	07
Son or Daughter	03	Brother or Sister	08
Son or Daughter In-Law	04	Brother or Sister-In-Law	09
Grandchild	05	Uncle/Aunt	10
		Grandparents	11
		Other Relative	13
		Adopted/Foster/Stepchild	14
		Not Related	15
		Don't know	98

In row "total" number of person administered relevant questions to be counted up.

2. HL.. HOUSEHOLD LISTING FORM

		For children age 0-17 years													
Name Tell the names starting from household head	What is relationship of (name) to the head of the household?	Is (name) male or female?	Year of birth	Record in completed years	Women's interview	Child labour module	For each child under 5:	Is (name's) natural mother alive?		If alive: Does (name's) natural mother live in this household?		Is (name's) natural father alive?		If alive: Does (name's) natural father live in this household?	
								Yes=1 No=2 DK=8	HL9	Record line no. of mother	HL10	Yes=1 No=2 DK=8	HL11	Record line no. of father	HL12
HL1	HL2	HL3	HL4A	HL5	HL6	HL7	HL8	HL9	HL10	HL11	HL12	TOHL9 (No=2)	TOHL11 (No=2)		
01		1 2		01				1 2 8		1 2 8		1 2 8			
02		1 2		02				1 2 8		1 2 8		1 2 8			
03		1 2		03				1 2 8		1 2 8		1 2 8			
04		1 2		04				1 2 8		1 2 8		1 2 8			
05		1 2		05				1 2 8		1 2 8		1 2 8			
06		1 2		06				1 2 8		1 2 8		1 2 8			
07		1 2		07				1 2 8		1 2 8		1 2 8			
08		1 2		08				1 2 8		1 2 8		1 2 8			
09		1 2		09				1 2 8		1 2 8		1 2 8			
10		1 2		10				1 2 8		1 2 8		1 2 8			
11		1 2		11				1 2 8		1 2 8		1 2 8			
12		1 2		12				1 2 8		1 2 8		1 2 8			
13		1 2		13				1 2 8		1 2 8		1 2 8			
14		1 2		14				1 2 8		1 2 8		1 2 8			
15		1 2		15				1 2 8		1 2 8		1 2 8			
					TOHL6	TOHL7	TOHL8	TOHL9 (No=2)		TOHL11 (No=2)					
		Total													

3. ED. EDUCATION MODULE

<i>For household members age 5 and above</i>		<i>For household members age 5-24 years</i>					
ED1	Has (name) ever attended school or preschool?	What is the highest level of school (name) attended? What is the highest grade (name) completed at this level?	During the (2005-2006) school year, did (name) attend school or preschool at any time?	Since last (day of the week), how many days did (name) attend school?	During this/that school year, which level and grade is/was (name) attending?	Did (name) attend school or preschool at any time during the previous school year, that is (2004-2005)?	During that previous school year, which level and grade did (name) attend?
	Yes=1 No=2 Next line	LEVEL: Pre-school General educational school Vocational Institute, college University Religious Non-standard curriculum Dk	GRADE: DK - 98 1 2 3 4 5 6 8	Yes=1 No=2 ED7	Level: Pre-school General educational school Vocational Institute, college University Religious Non standard curriculum DK	Grade: DK - 98 1 2 3 4 5 6 8	Level: Pre-school General educational school Vocational Institute, college University Religious Non standard curriculum DK
ED2	ED3	ED4	ED5	ED6	ED7	ED8	ED8
Level	Level	Level	Level	Level	Level	Level	Level
Grade	Grade	Grade	Grade	Grade	Grade	Grade	Grade
01	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
02	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
03	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
04	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
05	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
06	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
07	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
08	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
09	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
10	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
11	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
12	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
13	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
14	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8
15	1 2	0 1 2 3 4 5 6 8	1 2	0 1 2 3 4 5 6 8	1 2 8	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6 8

4. WS. WATER AND SANITATION MODULE

No.	Questions	Answers' code	No.	Questions	Answers' code	step
WS1	What is the main source of drinking water for members of your household?	Piped water Piped into dwelling 11 → WS5 Piped into yard or plot 12 Public tap/standpipe 13 Dug well Protected well 31 Unprotected well 32 Pumped well 35 Water from spring Protected spring 41 Unprotected spring 42 Rain/snow water collection 51 Tanker-truck 61 Surface water (river, stream, dam, lake, pond) 8 Other (<i>specify</i>) 96	WS6	What do you usually do to the water to make it safer to drink?	Boil A Add bleach/chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Other (<i>specify</i>) X DK Z	
WS3	How long does it take to go there, get water, and come back?	No. of minutes <input type="text"/> <input type="text"/> <input type="text"/> DK 998	WS7	What kind of toilet facility do members of your household usually use?	Flush / pour flush 11 Flush to piped sewer system 12 Flush to pit (latrine) 13 DK 15 Ventilated Improved Pit latrine 21 Pit latrine with slab 22 Pit latrine without slab / open pit 23 Bucket 41 Hanging toilet/hanging latrine 51 No facilities or bush or field 95 → Module HC Other (<i>specify</i>) 96	
WS4	Who usually goes to this source to fetch the water for your household? Probe: Is this person under age 15? What sex? Circle code that best describes this person.	Adult woman 1 Adult man 2 Female child (under 15) 3 Male child (under 15) 4 DK 8	WS8	Do you share this facility with other households?	Yes 1 → Module HC No 2	
WS5	Do you treat your water in any way to make it safer to drink?	Yes 1 No 2 DK 8 → WS7	WS9	How many households in total use this toilet facility?	No. of households (if less than 10) <input type="text"/> Ten or more households 10 DK 98	

5. HC. HOUSEHOLD CHARACTERISTICS MODULE

No.	Questions	Answers' code	step	No.	Questions	Answers' code	step
HCIA	What is the religion of the head of this household?	Buddhism 1 Islam 2 Christianity 3 Other religion (specify) 6 No religion 7		HC3	Main material of the dwelling floor: Record observation.	Natural floor 11 Earth/sand 12 Dung 12 Rudimentary floor 21 Wood planks 22 Parquet or polished wood 31 Vinyl or asphalt strips 32 Brick 33 Cement 34 Other (specify) 96	
HCIB	What is the mother tongue/native language of the head of this household?	Mongolian 1 Kazakh 2 Russian 3 Chinese 4 Other language (specify) 6		HC4	Main material of the roof: Record observation.	Rudimentary Roofing 21 Rustic mat 22 Wood planks 23 Finished roofing 31 Metal 31 Wood 32 Calamine/cement fiber 33 Ceramic tiles 34 Cement 35 Other (specify) 96	
HCIC	To what ethnic group does the head of this household belong? Khalkha-01, Kazakh-02, Derived -03, Bayad-04, Buriad-05, Dariganga-06, Zakhin -07, Urianhai-08, Other-96 <input type="checkbox"/> <input type="checkbox"/>		HC5	Main material of the walls: Record observation.	Rudimentary walls 21 Bamboo with mud 22 Stone with mud 22 Plaster 24 Reused wood 26 Finished walls 31 Cement 31 Stone with lime/cement 32 Bricks 33 Cement blocks 34 Wood planks/shingles 36 Other (specify) 96	
HCID	Types of your dwelling	Apartment 1 House 2 Dormitory 3 Ger 4 Other 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Ger roof 41 Single 41 Double 42	
HCIF	The size of your dwelling living area (sq.m) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
HCIG	The number of rooms <input type="checkbox"/> <input type="checkbox"/>					
HC2	How many rooms in this household are used for sleeping? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
HCZA	No. of ger wall <input type="checkbox"/> <input type="checkbox"/>				Ger walls 41 Single 41 Double 42	

5. HC. HOUSEHOLD CHARACTERISTICS MODULE, continue

No.	Questions	Answers' code	step	No.	Questions	Answers' code	step
HC5A	Ownership of dwelling	Own 1 Others 2		HC9	Does your household have:	Electricity Yes No 1 2 Radio 1 2 Television 1 2 Computer 1 2 Mobile Telephone 1 2 Non-Mobile Telephone 1 2 Refrigerator 1 2	
HC6	What type of fuel does your household mainly use for cooking?	Electricity 01 Liquid Propane Gas (LPG) 02 Natural gas 03 Biogas 04 Coal / Lignite 06 Briquette 07 Wood 08 Straw/shrubs/grass 09 Animal dung 10 Agricultural crop residue 11 Saw dust 12 Other (specify) 96	HC8	HC10	Does any member of your household own:	Watch Yes No 1 2 Bicycle 1 2 Motorcycle/Scooter 1 2 Animal drawn-cart 1 2 Tractor 1 2 Car/Truck 1 2 Boat with motor 1 2	
HC7	In this household, is food cooked on an open fire, an open stove or a closed stove? Probe for type.	Open fire 1 Stove 3 Other (specify) 6					
HC8	Is the cooking usually done in the house, in a separate building, or outdoors?	In the house/get 1 in a separate building/get 2 Other (specify) 6					

Appendix VI

5. HC. HOUSEHOLD CHARACTERISTICS MODULE, *continue*

No.	Questions	Answers' code	step
HC11	Does any member of this household own any land that can be used for agriculture?	Yes 1 No 2	→ HC13
HC12	How many hectares of agricultural land do members of this household own?	Sq.m 1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hectares 2. <input type="text"/> <input type="text"/> <input type="text"/>	
HC13	Does this household own any livestock, herds, or farm animals?	Yes 1 No 2	→ Module CL
HC14	How many of the following animals does this household have? If none, record '00'. If more than 997, record '997'. If unknown, record '998'.	Cattle <input type="text"/> <input type="text"/> <input type="text"/> cows <input type="text"/> <input type="text"/> <input type="text"/> bulls <input type="text"/> <input type="text"/> <input type="text"/> Horses <input type="text"/> <input type="text"/> <input type="text"/> Goats <input type="text"/> <input type="text"/> <input type="text"/> Sheep <input type="text"/> <input type="text"/> <input type="text"/> Camels <input type="text"/> <input type="text"/> <input type="text"/> Chickens <input type="text"/> <input type="text"/> <input type="text"/> Pigs <input type="text"/> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/> <input type="text"/>	

6. CL. CHILD LABOUR MODULE.

To be administered to mother/caretaker of each child in the household age 5 through 17 years. For household members below age 5 or above age 17, leave rows blank.

CL1	During the past week, did (name) do any kind of work for someone who is not a member of this household? yes, for pay (cash or kind) = 1 yes, unpaid = 2 no = 3 → CL5	Since last (day of the week), about how many hours did he/she do this work for someone who is not a member of this household? If more than one job, include all jobs. ↳ CL6	At any time during the past year, did (name) do any kind of work for someone who is not a member of this household? If yes: for pay in cash or kind? yes, for pay (cash or kind) = 1 yes, unpaid = 2 no = 3	During the past week, did (name) help with household chores such as prepare food, shopping, collecting firewood, cleaning, fetching water, or caring for children? Yes=1 No=2 → CL8	Since last (day of the week), about how many hours did he/she spend doing these chores?	During the past week, did (name) do any other family work (on the farm or in a business or selling goods in the street?) Yes=1 No=2 → Next line	Since last (day of the week), about how many hours did he/she do this work?	Types of family business: 1 Production 2 Animal husbandry 3 Agriculture 4 Trade 5 Service 6 Other
CL1	CL3	CL4	CL5	CL6	CL7	CL8	CL9	CL10
01	1 2 3	---	1 2 3	1 2	---	1 2	---	---
02	1 2 3	---	1 2 3	1 2	---	1 2	---	---
03	1 2 3	---	1 2 3	1 2	---	1 2	---	---
04	1 2 3	---	1 2 3	1 2	---	1 2	---	---
05	1 2 3	---	1 2 3	1 2	---	1 2	---	---
06	1 2 3	---	1 2 3	1 2	---	1 2	---	---
07	1 2 3	---	1 2 3	1 2	---	1 2	---	---
08	1 2 3	---	1 2 3	1 2	---	1 2	---	---
09	1 2 3	---	1 2 3	1 2	---	1 2	---	---
10	1 2 3	---	1 2 3	1 2	---	1 2	---	---
11	1 2 3	---	1 2 3	1 2	---	1 2	---	---
12	1 2 3	---	1 2 3	1 2	---	1 2	---	---
13	1 2 3	---	1 2 3	1 2	---	1 2	---	---
14	1 2 3	---	1 2 3	1 2	---	1 2	---	---
15	1 2 3	---	1 2 3	1 2	---	1 2	---	---

7. CD. CHILD DISCIPLINE AND BEHAVIOR

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE AND BEHAVIOR QUESTIONS

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1).
 Record the line number, name, sex, age, and the line number of the mother or caretaker for each child.
 Then record the total number of children aged 2-14 in the box provided (CD7).

Line no. (HL1)	Name (HL2)	Sex (HL4)	Age (HL5)	Line no. of mother/caretaker (HL7, HL8)	
CD1	CD2	CD3	CD4	CD5	CD6
01	---	1 2	---	---	---
02	---	1 2	---	---	---
03	---	1 2	---	---	---
04	---	1 2	---	---	---
05	---	1 2	---	---	---
06	---	1 2	---	---	---
07	---	1 2	---	---	---
08	---	1 2	---	---	---
CD7	TOTAL CHILDREN AGED 2-14 YEARS				---

If there is only one child age 2-14 years in the household → CD11

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE AND BEHAVIOR QUESTIONS

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked.
 Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD 11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

Last digit of the household questionnaire number	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD8

CD9

Record the rank number of the selected child from table 2 above

Rank number of child

7. CD. CHILD DISCIPLINE AND BEHAVIOR, continue

Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (name). All adults use certain ways to teach children the right behavior or to address a behaviour problem. I will read various methods that are used and I want you to tell me if you or anyone else in your household has used this method with (name) in the past month.

Now we will discuss about (name)'s development and behaviour. (CD14-CD31)

No.	Questions	Answers' code	No.	Questions	Answers' code
CD11	Write name and line no. of the child selected for the module from CD3 and line number (CD2=HL1), based on the rank number in CD9.	Name Line number <input type="text"/> <input type="text"/>	CD14	Who cares of his/her development and discipline?	Mother 1 Father 2 Grandparents 3 Brother/Sister 4 Other (specify) 6
CD12B	Explained why something (the behavior) was wrong.	Yes 1 No 2	CD15	Have you obtained any information on his/her development and discipline in the last month?	Yes 1 No (Haven't searched) 2 Although I wanted, information was not available 3 → CD17
CD12D	Shouted, yelled at or screamed at him/her.	Yes 1 No 2	CD16	Where do you get information on child development and discipline?	Mass media 1 His/her teacher 2 Other (specify) 6
CD12E	Gave him/her something else to do.	Yes 1 No 2	CD17	How often do you listen to his/her demand?	Often 1 Occasionally 2 Hardly 3 Never 4
CD12H	Called him/her dumb, lazy, or another name like that.	Yes 1 No 2	CD18	Do you ask about his/her interest?	Often 1 Occasionally 2 Hardly 3 Never 4
CD12K	Beat him/her up	Yes 1 No 2	CD19	How often do you praise him/her?	Often 1 Occasionally 2 Hardly 3 Never 4
CD13	Do you believe that in order to bring up (raise, educate) (name) properly, you need to physically punish him/her?	Yes 1 No 2 DK 8			

7. CD. CHILD DISCIPLINE AND BEHAVIOR, continue

No.	Questions	Answers' code	Questions	Answers' code
CD20	Do you buy him/her toys?	Yes 1 No (due to financial problems) 2 Other (specify) 6	CD26	Does he/she brush his/her teeth in the morning? Yes, always 1 Occasionally 2 No 3
CD21	Do you provide him/her with drawing materials?	Yes 1 No (due to financial problems) 2 Other (specify) 6	CD27	Does he/she wash his/her hands before dining? Yes, always 1 Occasionally 2 No 3
CD22	Has he/she had an accident in the last month?	Yes 1 No 2 → CD24	CD28	Does he/she wash his/her hands after using toilet? Yes, always 1 Occasionally 2 No 3
CD23	Accidents resulted from	Burning 1 Hitting by or falling from an animal 2 Falling from other things 3 Caused by knife or sharp things 4 Hitting by someone 5 Other (specify) 6	CD29	Does he/she bath regularly? Yes, always 1 Occasionally 2 No 3
CD24	Does he/she feed regularly?	Yes, always 1 Occasionally 2 No 3	CD30	Does he/she brush his/her teeth before he/she goes to bed? Yes, always 1 Occasionally 2 No 3
CD25	Does he/she sleep at regular time?	Yes, always 1 Occasionally 2 No 3	CD31	Does he/she properly dress for weather? Yes, always 1 Occasionally 2 No 3

8. DA. DISABILITY MODULE

To be administered to caretakers of all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rous blank.

	Compared with other children, does or did (name) have any serious delay in sitting, standing, or walking?	Compared with other children, does (name) have difficulty seeing, either in the daytime or at night?	Does (name) appear to have difficulty hearing? (Uses hearing aid, hears with difficulty, completely deaf?)	When you tell (name) to do something, does he/she seem to understand what you are saying?	Does (name) have difficulty in walking or moving his/her arms or does he/she have weakness and/or stiffness in the arms or legs?	Does (name) something have fits, or lose consciousness?	Does (name) learn to do things like other children his/her age?	Does (name) speak at all (can he/she make him or herself understood in words; can say any recognizable words?)	(For 3-9 year olds): Is (name)'s speech in any way different from normal (not clear enough to understand for people other than the family)?	(For 2 year olds): Can (name) name at least one object (for example, an animal, a toy, a cup, a spoon)?	Compared with other children of the same age, does (name) appear in any way mentally backward, dull or slow?		
DA1	DA3	DA4	DA5	DA6	DA7	DA8	DA9	DA10	DA11	DA12	DA13		
01	2	1	2	1	2	1	2	1	2	1	2	1	2
02	2	1	2	1	2	1	2	1	2	1	2	1	2
03	2	1	2	1	2	1	2	1	2	1	2	1	2
04	2	1	2	1	2	1	2	1	2	1	2	1	2
05	2	1	2	1	2	1	2	1	2	1	2	1	2
06	2	1	2	1	2	1	2	1	2	1	2	1	2
07	2	1	2	1	2	1	2	1	2	1	2	1	2
08	2	1	2	1	2	1	2	1	2	1	2	1	2
09	2	1	2	1	2	1	2	1	2	1	2	1	2
10	2	1	2	1	2	1	2	1	2	1	2	1	2
11	2	1	2	1	2	1	2	1	2	1	2	1	2
12	2	1	2	1	2	1	2	1	2	1	2	1	2
13	2	1	2	1	2	1	2	1	2	1	2	1	2
14	2	1	2	1	2	1	2	1	2	1	2	1	2
15	2	1	2	1	2	1	2	1	2	1	2	1	2

Appendix VI

9. IH. HOUSEHOLD INCOME, in tugrug

No.	Items	In last month	In last 12 months
A	B	1	2
1. SALARY, WAGES, PENSION, and ALLOWANCES			
101	Salary, in cash		
102	Remuneration, non-cash		
103	Pension		
104	Compensation		
105	Allowance		
106	Child allowance		
199	SUB TOTAL		
2. INCOME DERIVED FROM HOUSEHOLD PRODUCTION AND SERVICES			
201	Animal husbandry		
202	Agriculture		
203	Other production and services		
299	SUB TOTAL		
3. OTHER INCOME			
301	Sale of real estate		
302	Stock share dividends		
303	Premise rent, property leasing		
304	Intellectual property, patent, copyright		
305	Deposit withdrawal, repayment of money borrowed to others		
306	Interests from deposit and money borrowed to others		
307	Gifts and assistance from others		
308	Bonus, prize		
309	Non-production credit		
310	Other sources		
399	SUB TOTAL		
499	TOTAL		

10. SI. SALT IODIZATION MODULE

No.	Questions	Answers' code	Step
SI1	We would like to check whether the salt used in your household is iodized.	Not iodized 1 Iodized 4 No salt in home 6 Salt not tested 7 Sample of salt is taken to laboratory 8	
SI1A	What kind of salt do your family use?	Imported salt 1 Local salt 2	
SI1B	Have you heard about the enriched flour?	Yes 1 No 2 →	SI2
SI1C	Have your family use the enriched flour?	Yes, always 1 Occasionally 2 No 3 DK 8	
SI2	<i>Does any eligible woman age 15-49 reside in the household?</i> <i>Check household listing, column HL6.</i>	Yes 1 → No 2	Questionnaire for individual women
SI3	<i>Does any child under the age of 5 reside in the household?</i> <i>Check household listing, column HL8</i>	Yes 1 → No 2 →	Questionnaire for children under five The end

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

1.WM. WOMEN'S INFORMATION PANEL

No.	Questions	Answers' code	step
	This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman. Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.		
WM1	Cluster number: <input type="text"/> <input type="text"/> <input type="text"/>	
WM2	Household number: <input type="text"/> <input type="text"/>	
WM3	Woman's Name:	
WM4	Woman's Line Number: <input type="text"/> <input type="text"/>	
WM5	Interviewer name and number: <input type="text"/> <input type="text"/>	
WM6	Day/Month/Year of interview: / / (Year/Month/Day)	
WM7	Result of women's interview	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6	
WM8	In what month and year were you born?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK 9998 → WM9 Month <input type="text"/> <input type="text"/> DK 98	
WM9	How old were you at your last birthday?	Age (in completed years) <input type="text"/> <input type="text"/> DK 98	
WM10	Have you ever attended school?	Yes 1 No 2 → WM14	
WM11	What is the highest level of school you attended: primary, secondary, or higher?	General educational school 1 Vocational 2 Institute, college 3 University 4 Religious school 5 Non-standard curriculum 6 DK 8	
WM12	What is the highest grade you completed at that level?	Grade <input type="text"/> <input type="text"/>	
WM13	Check WM11: Completed general educational school grade 5-10 or higher.	Yes 1 → CM1 No 2	
WM14	Now I would like you to read this sentence to me. Show sentences to respondent. If respondent cannot read whole sentence, probe: Can you read part of the sentence to me? Example sentences for literacy test: 1. The child is reading a book 2. The rains came late this year. 3. Parents must care for their children 4. Farming is hard work.	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 (specify language) Blind/mute, visually/speech impaired 5	

2. CM. CHILD MORTALITY MODULE			
No.	Questions	Answers' code	step
	This module is to be administered to all women age 15-49. All questions refer only to LIVE births.		
CM1	Now i would like to ask about all the births you have had during your life. Have you ever given birth?	Yes 1 No 2	Module MA
CM2a	What was the date of your first birth?	Date of first birth Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK 9998 Month <input type="text"/> <input type="text"/> DK 998 Day <input type="text"/> <input type="text"/> DK 98	CM2b CM3
CM2b	How many years ago did you have your first birth?	Completed years since first birth <input type="text"/> <input type="text"/>	
CM3	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes 1 No 2	CM5
CM4	How many sons live with you? How many daughters live with you?	Sons at home <input type="text"/> <input type="text"/> Daughters at home <input type="text"/> <input type="text"/>	
CM5	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes 1 No 2	CM7
CM6	How many sons are alive but do not live with you? How many daughters are alive but do not live with you?	Sons elsewhere <input type="text"/> <input type="text"/> Daughters elsewhere <input type="text"/> <input type="text"/>	
CM7	Have you ever given birth to a boy or girl who was born alive but later died?	Yes 1 No 2	CM9
CM8	How many boys have died? How many girls have died?	Boys dead <input type="text"/> <input type="text"/> Girls dead <input type="text"/> <input type="text"/>	
CM9	Sum answers to CM4, CM6, and CM8.	Sum <input type="text"/> <input type="text"/>	
CM10	Just to make sure that I have this right, you have had in total (total number) births during your life. Is this correct?	Yes 1 No 2	Check answer
CM11	Of these (total number) births you have had, when did you deliver the last one (even if he or she has died)? If day is not known, enter '98' in space for day. / / (Year/Month/Day).....	
CM12	Check CM11: Did the woman's last birth occur within the last 2 years, that is, after the day ... month ..., 2003. /If child has died, take special care when referring to this child by name in the following modules/	No live birth in last 2 years. 1 Yes, live birth in last 2 years. 2	Module MA
CM13	At the time you became pregnant with (name), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	Then 1 Later 2 No more 3	

Appendix VI

3. MN. MATERNAL AND NEWBORN HEALTH MODULE

No.	Questions	Answers' code	step
	This module is to be administered to all women with a live birth in the 2 years preceding date of interview.		
	Check child mortality module CM12 and record name of last-born child here (Use this child's name in the following questions, where indicated)	----- /Name of child/	
MN1	In the first two months after your last birth [the birth of name], did you receive a Vitamin A dose like this? Show 200,000 IU capsule or dispenser.	Yes ----- 1 No ----- 2 DK ----- 8	
MN2	Did you see anyone for antenatal care for this pregnancy? If yes: Whom did you see? Anyone else? Probe for the type of person seen and circle all answers given.	Health professional: Doctor ----- A Nurse/midwife ----- B Feldshers ----- C Other person: Traditional birth attendant ----- F Community health worker ----- G Relative/friend ----- H Other (specify) ----- X No one ----- Y	→ MN7
MN3	As part of your antenatal care, were any of the following done at least once?	Yes No Were you weighed? ----- 1 2 Was your blood pressure measured ----- 1 2 Did you give a urine sample? ----- 1 2 Did you give a blood sample? ----- 1 2	
MN4	During any of the antenatal visits for the pregnancy, were you given any information or counseled about AIDS or the HIV?	Yes ----- 1 No ----- 2 DK ----- 8	
MN5	I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?	Yes ----- 1 No ----- 2 DK ----- 8	→ MN7
MN6	I don't want to know the results, but did you get the results of the test?	Yes ----- 1 No ----- 2 DK ----- 8	
MN7	Who assisted with the delivery of your last child (name)? Anyone else? Probe for the type of person assisting and circle all answers given.	Health professional: Doctor ----- A Nurse/midwife ----- B Feldshers ----- C Other person: Traditional birth attendant ----- F Community health worker ----- G Relative/friend ----- H Other (specify) ----- X	

3. MN. MATERNAL AND NEWBORN HEALTH MODULE, CONTINUE

No.	Questions	Answers' code	step
MN8	Where did you give birth to (<i>name</i>)? If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. (Name of place)	Home Your home 11 Other's home 12 Public sector Govt. hospital 21 Maternity home 22 Private Medical Sector Hospital 31 Maternity home 32 Other (<i>specify</i>) 96	
MN9	When your last child (<i>name</i>) was born, was he/she very large, larger than average, average, smaller than average, or very small?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 8	
MN10	Was (<i>name</i>) weighed at birth?	Yes 1 No 2 DK 8	MN12
MN11	How much did (<i>name</i>) weigh? Record weight from recall, if health card not available.	From card 1 kg From recall 2 kg DK 99998	
MN12	Did you ever breastfeed (<i>name</i>)?	Yes 1 No 2	Module MA
MN13	How long after birth did you first put (<i>name</i>) to the breast? If immediately, record '000' If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days	Immediately 000 Hours 1. <input type="text"/> <input type="text"/> Day 2. <input type="text"/> <input type="text"/> Don't know/remember 998	
MN13B	How long had you breastfed exclusively (<i>name</i>)? (Without any water, juice, tea etc.)	Months <input type="text"/>	

4. MA.MARRIAGE/UNION MODULE

No.	Questions	Answers' code	step
MA1	Are you currently married or living together with a man as if married?	Yes, officially married 1 Yes, unofficially married 2 No, not in union 3	MA3
MA2	How old was your husband/partner on his last birthday?	Age in years <input type="text"/> <input type="text"/> DK 98	MA5
MA3	Have you ever been married or lived together with a man?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	MA8a
MA4	What is your marital status now: are you widowed, divorced or separated?	Widowed 1 Divorced 2 Separated 3	
MA5	Have you been married or lived with a man only once or more than once?	Only once 1 More than once 2	
MA6	In what month and year did you first marry or start living with a man as if married?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK 9998 Month <input type="text"/> <input type="text"/> DK 98	
MA7	Check MA6	Both month and year of marriage/union known? Either month or year of marriage/union not known?	MA8a
MA8	How old were you when you started living with your first husband/partner?	Age in years <input type="text"/> <input type="text"/>	
MA8a	How old were you when you first had sexual intercourse (if ever)?	Never had intercourse 00 Age in years <input type="text"/> <input type="text"/>	Module DV

5. CP. CONTRACEPTION MODULE

No.	Questions	Answers' code	step
	I would like to talk with you about another subject - family planning - and your reproductive health.		
CP1	Are you pregnant now?	Yes 1 No 2 DK 8	CP2
CP1a	Did you want this pregnancy?	Yes 1 Planned later 2 No 3	CP4B
CP2	Some people use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes 1 No 2	CP4A
CP3	Which method are you using? Do not prompt. If more than one method is mentioned, circle each one.	Female sterilization A Male sterilization B Pill C Implants D Injections E IUD F Male condom G Female condom H Diaphragm I Foam/jelly J Lactational amenorrhoea method (LAM) K Periodic abstinence L Withdrawal M Other (specify) X	

5. CP. CONTRACEPTION MODULE, CONTINUE

No.	Questions	Answers' code	step
CP4	A. Now I would like to ask some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? B. If currently pregnant: AFTER THE CHILD you are now expecting, would you like to have another child, or would you prefer not to have any (more) children?	Have (a/another) child 1	CP4D Module DV CP4D
		No more/none 2	
		Says she cannot get pregnant 3	
		Undecided/don't know 8	
CP4C	How long would you like to wait before the birth of (a/another) child? (If Years are given then circle 1 and write years If Months are given then circle 2 and write months)	Years 1 --	Module DV
		Months 2 --	
		Soon/now 993	
		Says she cannot get pregnant 994	
		After marriage 995	
		Other 996	
		Don't know 998	
CP4D	Check CPI: Currently pregnant	Yes 1	Module DV CP4E
		No 2	
		DK 8	
CP4E	Do you think you are physically able to get pregnant at this time?	Yes 1	
		No 2	
		DK 8	

6. DV. ATTITUDES TOWARD DOMESTIC VIOLENCE

DV1	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	Yes	No	DK
	1A. Goes out without telling	1	2	8
	1B. Neglects children	1	2	8
	1C. Argues	1	2	8
	1D. Refuses sex	1	2	8
	1E. Burns food	1	2	8

7. HA. HIV/AIDS MODULE

HA1	Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes 1	No 2	DK 8	HA19
HA2	Can people protect themselves from getting infected with the HIV by having one sex partner who is not infected and also has no other partners?	Yes 1	No 2	DK 8	
HA3	Can people get infected with the HIV because of witchcraft or other supernatural means?	Yes 1	No 2	DK 8	
HA4	Can people reduce their chance of getting the HIV by using a condom every time they have sex?	Yes 1	No 2	DK 8	
HA5	Can people get the HIV from mosquito bites?	Yes 1	No 2	DK 8	
HA6	Can people reduce their chance of getting infected with the HIV by not having sex at all?	Yes 1	No 2	DK 8	
HA7	Can people get the HIV by sharing food with a person who has AIDS?	Yes 1	No 2	DK 8	

Appendix VI

7. HA. HIV/AIDS MODULE, continue			
No.	Questions	Answers' code	step
HA7a	Can people get the HIV by getting injections with a needle that was already used by someone else?	Yes 1 No 2 DK 8	
HA8	Is it possible for a healthy-looking person to have the HIV?	Yes 1 No 2 DK 8	
HA9	Can the HIV be transmitted from a mother to a baby?	Yes No DK During pregnancy 1 2 8 During delivery 1 2 8 By breastfeeding 1 2 8	
HA10	If a female teacher has the HIV but is not sick, should she be allowed to continue teaching in school?	Yes 1 No 2 DK/not sure/depends 8	
HA11	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the HIV?	Yes 1 No 2 DK/not sure/depends 8	
HA12	If a member of your family became infected with the HIV, would you want it to remain a secret?	Yes 1 No 2 DK/not sure/depends 8	
HA13	If a member of your family became sick with the HIV, would you be willing to care for him or her in your household?	Yes 1 No 2 DK/not sure/depends 8	
HA14	Check MN5: Tested for HIV during antenatal care?	Yes 1 No 2 DK 8	→ HA18
HA15	I do not want to know the results, but have you ever been tested to see if you have HIV, the virus that causes aids?	Yes 1 No 2	→ HA18
HA16	I do not want you to tell me the results of the test, but have you been told the results?	Yes 1 No 2	
HA17	Did you, yourself, ask for the test, was it offered to you and you accepted, or was it required?	Asked for the test 1 Offered and accepted 2 Required 3	→ HA19
HA18	At this time, do you know of a place where you can go to get such a test to see if you have the AIDS virus?	Yes 1 No 2	
HA19	Check HL 6. Is there another eligible woman in the household? <input type="checkbox"/> Yes → Go to Women's questionnaire <input type="checkbox"/> No → Go to Under 5 Child questionnaire		

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

1. UF. UNDER-FIVE CHILD INFORMATION PANEL

No.	Questions	Answers' code	step
	This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) <i>who care a child that lives with them and is under the age of 5 years (see household listing, column HL5)</i> . A separate questionnaire should be used for each eligible child Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.		
UF1	Cluster number: <input type="text"/> <input type="text"/> <input type="text"/>	
UF2	Household number: <input type="text"/> <input type="text"/>	
UF3	Child's Name:	
UF4	Child's Line Number: <input type="text"/> <input type="text"/>	
UF5	Mother's/Caretaker's Name:	
UF6	Mother's/Caretaker's Line Number: <input type="text"/> <input type="text"/>	
UF7	Interviewer name and number: <input type="text"/> <input type="text"/>	
UF8	Day/Month/Year of interview: / / /Year/Month/Date/.....	
UF9	Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6	
	Now I would like to ask you some questions about the health of each child under the age of 5 in your care, who lives with you now.		
UF10	In what month and year was (<i>name</i>) born? If the mother/caretaker knows the exact birth date also enter the day; otherwise, circle 98 for day.	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK year 9998 → UF11 Month <input type="text"/> <input type="text"/> DK month 98 Day <input type="text"/> <input type="text"/> DK day 98	
UF11	How old was (<i>name</i>) at his/her last birthday?	Age in completed years <input type="text"/> <input type="text"/>	

2. BR. BIRTH REGISTRATION AND EARLY LEARNING MODULE

BR1	Does (<i>name</i>) have a birth certificate? May I see it?	Yes seen 1 → BR5 Yes, not seen 2 No 3 DK 8	
BR2	Has (<i>name's</i>) birth been registered with the civil registraion and information office?	Yes 1 → BR5 No 2 DK 8 → BR4	
BR3	Why is (<i>name's</i>) birth not registered?	Costs too much 1 Must travel too far 2 Did not know it should be registered 3 Did not want to pay fine 4 Does not know where to register 5 Other (specify) 6 DK 8	

Appendix VI

2. BR. BIRTH REGISTRATION AND EARLY LEARNING MODULE

No.	Questions	Answers' code	step
BR4	Do you know how to register your child's birth?	Yes 1 No 2	
BR5	Check age of child in UF11: Child is 3 or 4 years old?	Yes 1 No 2	BR8
BR6	Does (name) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Yes 1 No 2 DK 8	
BR7	Within the last seven days, about how many hours did (name) attend?	No. of hours <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
BR8	In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (name): Circle all that apply.		
BR8a	Read books or look at picture books with (name)?	Mother Father Other No one Books A B X Y	
BR8b	Tell stories to (name)?	Mother Father Other No one Stories A B X Y	
BR8c	Sing songs with (name)?	Mother Father Other No one Songs A B X Y	
BR8d	Take (name) outside the home, compound, yard or enclosure?	Mother Father Other No one Take outside A B X Y	
BR8e	Play with (name)?	Mother Father Other No one Play with A B X Y	
BR8f	Spend time with (name) naming, counting, and/or drawing things?	Mother Father Other No one Spend time with A B X Y	

3. CE. CHILD DEVELOPMENT			
No.	Questions	Answers' code	step
	Question CE1 is to be administered only once to each caretaker		
CE1	How many books are there in the household? Please include schoolbooks, but not other books meant for children, such as picture books If 'none' enter 00	Number of non-children's books Less than 10 0 Ten or more non-children's books 10	
CE2	How many children's books or picture books do you have for (name)? If 'none' enter 00	Number of children's books Less than 10 0 Ten or more books 10	
CE3	What does (name) play with when he/she is at home ?	Household objects (bowls, plates, cups, pots) A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) B Homemade toys (dolls, cars and other toys made at home) C Toys that came from a store D No playthings mentioned Y	
CE4	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children with others. since last (day of the week) how many times was (name) left in the care of another child (that is, someone less than 10 years old)? If 'none' enter 00	Number of times <input type="text"/> <input type="text"/>	
CE5	In the past week, how many times was (name) left alone? If 'none' enter 00	Number of times <input type="text"/> <input type="text"/>	
4. VA. VITAMIN A MODULE			
VA1	Has (name) ever received a vitamin A capsule (supplement) like this one? Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.	Yes 1 No 2 DK 8	Module BF
VA2	How many months ago did (name) take the last dose?	Months ago <input type="text"/> <input type="text"/> DK 98	
VA3	Where did (name) get this last dose?	On routine visit to health facility 1 Sick child visit to health facility 2 National Immunization Day campaign 3 At home 4 Other (specify) 6 DK 8	

5. BF. BREASTFEEDING MODULE			
No.	Questions	Answers' code	step
BF1	Has (name) ever been breastfed?	Yes 1 No 2 DK 8	BF3
BF2	Is he/she still being breastfed?	Yes 1 No 2 DK 8	
BF3	Since this time yesterday, did he/she receive any of the following: <i>Read each item aloud and record response before proceeding to the next item</i>	Yes No DK A. Vitamin supplements 1 2 8 B. Plain water 1 2 8 C. Sweetened water or juice 1 2 8 D. ORS 1 2 8 E. Infant formula 1 2 8 F. Milk, milk products 1 2 8 G. Other liquids 1 2 8 H. Solid or semi-solid food 1 2 8	
BF4	Check BF3H: Child received solid or semi-solid (mushy) food?	Yes 1 No 2 DK 8	Module CA
BF5	Since this time yesterday, how many times did (name) eat solid, semisolid, or soft foods other than liquids? If 7 or more times, record '7'.	No. of times <input type="text"/> DK 8	
6. CA. CARE OF ILLNESS MODULE			
CA1	Has (name) had diarrhoea in the last two weeks, that is, since (day of the week) of the week before last? <i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool</i>	Yes 1 No 2 DK 8	CA 5
CA2	During this last episode of diarrhoea, did (name) drink any of the following: <i>Read each item aloud and record response before proceeding to the next item.</i>	Yes No DK A. Fluid from ORS packet 1 2 8 B. Recommended homemade fluid 1 2 8	
CA3	During (name's) illness, did he/she drink much less, about the same, or more than usual?	Much less or none 1 About the same (or somewhat less) 2 More 3 DK 8	
CA4	During (name's) illness, did he/she eat less, about the same, or more food than usual? <i>If "less", probe: much less or a little less?</i>	None 1 Much less 2 Somewhat less 3 About the same 4 More 5 DK 8	

6. CA. CARE OF ILLNESS MODULE, continue

No.	Questions	Answers' code	step
CA4A	Check CA2A: ORS packet used?	Yes 1 No 2 DK 8	CA5
CA4B	Where did you get the (<i>local name for ORS packet</i> from CA2A)?	Public sector Govt. hospital 11 Govt. health centre 12 Family clinic 13 Soum/bagh health worker 14 Mobile clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other (<i>specify</i>) 26 Other source Relative or friend 31 Traditional practitioner 33 Other (<i>specify</i>) 96 DK 98	
CA4C	How much did you pay for the (<i>local name for</i> ORS packet from CA2A)?	Tugrug <input type="text"/> Free 9996 DK 9998	
CA5	Has (<i>name</i>) had an illness with a cough at any time in the last two weeks, that is since (day of the week) of the week before last?	Yes 1 No 2 DK 8	CA12
CA6	When (<i>name</i>) had an illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty breathing?	Yes 1 No 2 DK 8	CA12
CA7	Were the symptoms due to a problem in the chest or a blocked nose?	Problem in chest 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK 8	CA12 CA12
CA8	Did you seek advice or treatment for the illness outside the home?	Yes 1 No 2 DK 8	CA10
CA9	From where did you seek care? Anywhere else? <i>Circle all providers mentioned</i>	Public sector Govt. hospital A Govt. health centre B Family clinic C Soum/bagh health worker D Mobile clinic E Other public (<i>specify</i>) H Private medical sector Private hospital/clinic I Private physician J Private pharmacy K Mobile clinic L Other private O Other source Relative or friend P Traditional practitioner Q Other (<i>specify</i>) X	

6. CA. CARE OF ILLNESS MODULE, continue

No.	Questions	Answers' code	step
CA10	Was (<i>name</i>) given medicine to treat this illness?	Yes 1 No 2 DK 8	CA12
CA11	What medicine was (<i>name</i>) given? Circle all medicines given.	Antibiotic A Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
CA11A	Check CA11: Antibiotic given?	Yes 1 No 2	CA12
CA11B	Where did you get the antibiotic?	Public sector Govt. hospital 11 Govt. health centre 12 Family clinic 13 Soum/bagh health worker 14 Mobile clinic 15 Other public (<i>specify</i>) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private (<i>specify</i>) 26 Other source Relative or friend 31 Traditional practitioner 33 Other (<i>specify</i>) 96 DK 98	
CA11C	How much did you pay for the antibiotic?	Tugrug <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Free 99996 DK 99998	
CA12	Check UF11: Child aged under 3?	Yes 1 No 2	CA14
CA13	The last time (<i>name</i>) passed stools, what was done to dispose of the stools?	Child used toilet/latrine 01 Put/rinsed into toilet or latrine 02 Put/rinsed into drain or ditch 03 Thrown into garbage (solid waste) 04 Buried 05 Left in the open 06 Other (<i>specify</i>) 96 DK 98	
Ask the following question (CA14) only once for each caretaker.			
CA14	Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away? Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms Circle all symptoms mentioned. But do NOT prompt with any suggestions.	Child not able to drink or breastfeed A Child becomes sicker B Child develops a fever C Child has fast breathing D Child has difficult breathing E Child has blood in stool F Child is drinking poorly G Other (<i>specify</i>) X Other (<i>specify</i>) Y Other (<i>specify</i>) Z	

7. IMMUNIZATION MODULE

No.	Questions	Answers' code	step
	If an immunization card is available, copy the dates in IM2-IM8 for each type of immunization or vitamin A dose recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.		
IM1	Is there a vaccination card for (<i>name</i>)?	Yes, seen 1 Yes, not seen 2 No 3	IM10
IM2	(a) Copy dates for each vaccination from the card (b) Write '44' in day column if card shows that vaccination was given but no date recorded BCG	Date of Immunization Year Month Day [][][][] [][] [][]	
IM3A	Polio at birth	OPV0 [][][][] [][] [][]	
IM3B	Polio 1	OPV1 [][][][] [][] [][]	
IM3C	Polio 2	OPV2 [][][][] [][] [][]	
IM3D	Polio 3	OPV3 [][][][] [][] [][]	
IM4A	DPT1	DPT1 [][][][] [][] [][]	
IM4B	DPT2	DPT2 [][][][] [][] [][]	
IM4C	DPT3	DPT3 [][][][] [][] [][]	
IM4D	DPT4	DPT4 [][][][] [][] [][]	
IM5A	(DPT)H1 HepB1	(DPT)H1 [][][][] [][] [][]	
IM5B	(DPT)H1 HepB2	(DPT)H2 [][][][] [][] [][]	
IM5C	(DPT)H1 HepB2	(DPT)H3 [][][][] [][] [][]	
IM6	Measles (or MMR)	MEASLES [][][][] [][] [][]	
IM8A	Vitamin A (1)	VITA1 [][][][] [][] [][]	
IM8B	Vitamin A (2)	VITA2 [][][][] [][] [][]	
IM9	In addition to the vaccinations and vitamin A capsules shown on this card, did (<i>name</i>) receive any other vaccinations - including vaccinations received in campaigns or immunization days? Record 'Yes' only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles Yellow Fever vaccine(s), or Vitamin A supplements.	Yes 1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No 2 DK 8	IM19
IM10	Has (<i>name</i>) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?	Yes 1 No 2 DK 8	IM19
IM11	Has (<i>name</i>) ever been given a BCG vaccination against tuberculosis - that is, an injection in the arm or shoulder that caused a scar?	Yes 1 No 2 DK 8	
IM12	Has (<i>name</i>) ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases - that is, polio?	Yes 1 No 2 DK 8	IM15

Appendix VI

7. IM. IMMUNIZATION MODULE, continue

No.	Questions	Answers' code	step
IM13	How old was he/she when the first dose was given - just after birth (within two weeks) or later?	Just after birth (within two weeks) 1 Later 2	
IM14	How many times has he/she been given these drops?	No. of times <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
IM15	Has (<i>name</i>) ever been given "DPT vaccination injections" -that is, an injection in the thigh or buttocks - to prevent him/her from getting tetanus whooping cough, diphtheria? (sometimes given at the same time as polio)	Yes 1 No 2 DK 8	IM17
IM16	How many times?	No. of times <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
IM17	Has (<i>name</i>) ever been given "Measles vaccination injections" - that is a shot in the arm at the age of 8 months or older - to prevent him/her from getting measles?	Yes 1 No 2 DK 8	
IM19	Please tell me if (<i>name</i>) has participated in any of the following campaigns, national immunization days and/or vitamin A or child health days:	Yes No DK a. May immunization day 1 2 8 b. October immunization day 1 2 8	
IM20	Does another eligible child reside in the household for whom this respondent is mother/caretaker? 1 Yes → End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child 2 No → End the interview If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE		

8. AN. ANTHROPOMETRY MODULE

<i>After questionnaires for all children are complete, the measurer weighs and measures each child.</i>			
Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child's name and line number on the household listing before recording measurements			
AN1	Child's weight.	Kilograms (kg) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
AN2	Child's length or height. <i>Check age of child in UF11:</i> Child under 2 years old → Measure length (lying down). Child age 2 or more years → Measure height (standing up).	Length (cm) Lying down <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Height (cm) Standing up <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
AN3	Measurer's identification code	Measurer code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
AN4	Result of measurement	Measured 1 Not present 2 Refused 3 Other (<i>specify</i>) 6	
AN5	Is there another child in the household who is eligible for measurement?	Yes 1 No 2	Record measurements for next child The end

Gather together all questionnaires for this household and check that all identification numbers are inserted on each page.
Tally on the Household Information Panel the number of interviews completed.
The result of interview to be filled in UF9.